

STATE OF FLORIDA



BIENNIAL REPORT

OF THE

DIVISION OF MENTAL HEALTH

FOR THE PERIOD

JULY 1, 1958 THROUGH JUNE 30, 1960

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**REPORT OF THE DIRECTOR
DIVISION OF MENTAL HEALTH**

Covering activities of

**THE FLORIDA STATE HOSPITAL
CHATTAHOOCHEE**

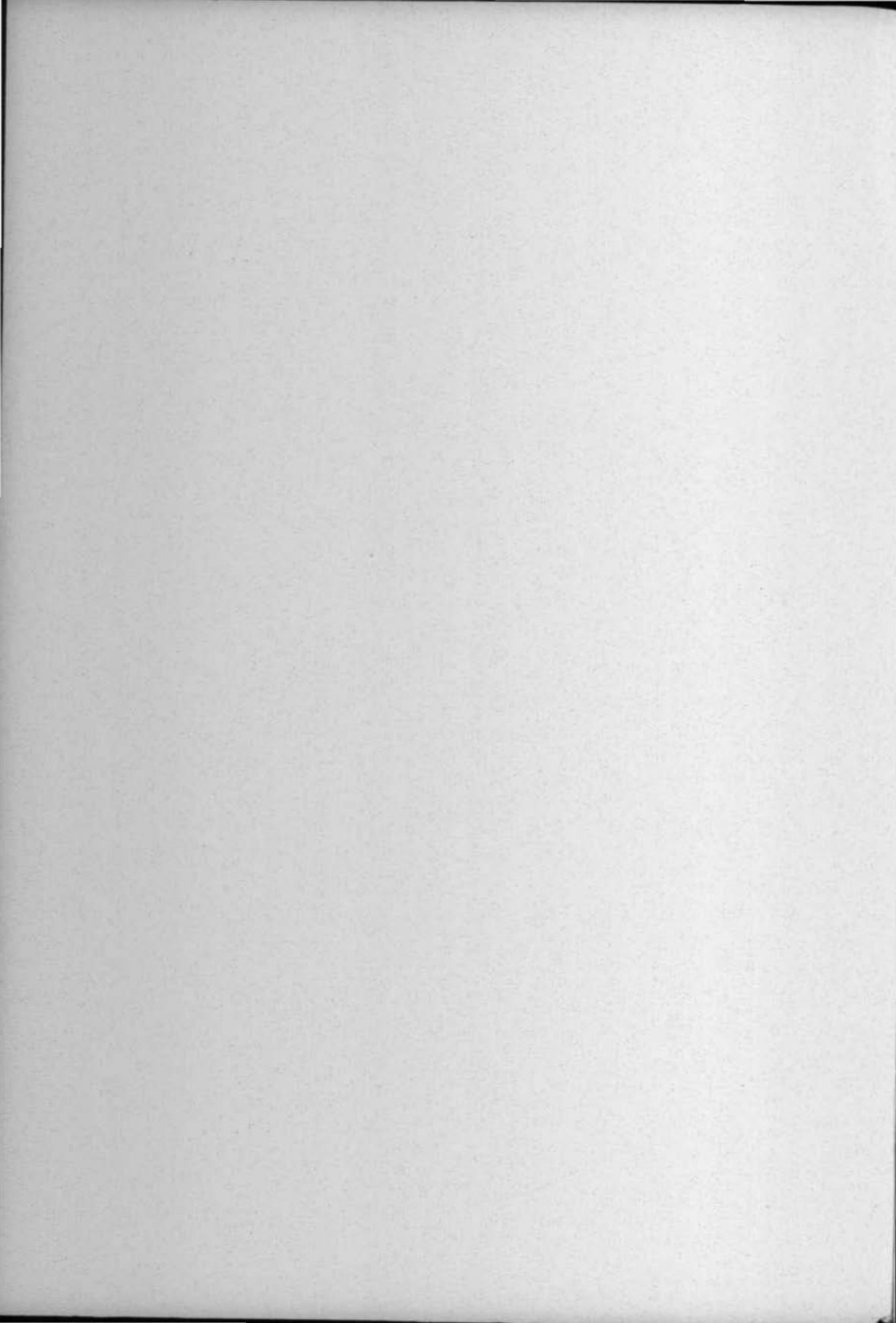
**THE G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA**

**THE SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD**

**THE NORTHEAST FLORIDA STATE HOSPITAL
MACCLENNY**

For the period beginning

July 1, 1958 and ending June 30, 1960



GOVERNING BODY
BOARD OF COMMISSIONERS OF STATE
INSTITUTIONS
TALLAHASSEE, FLORIDA

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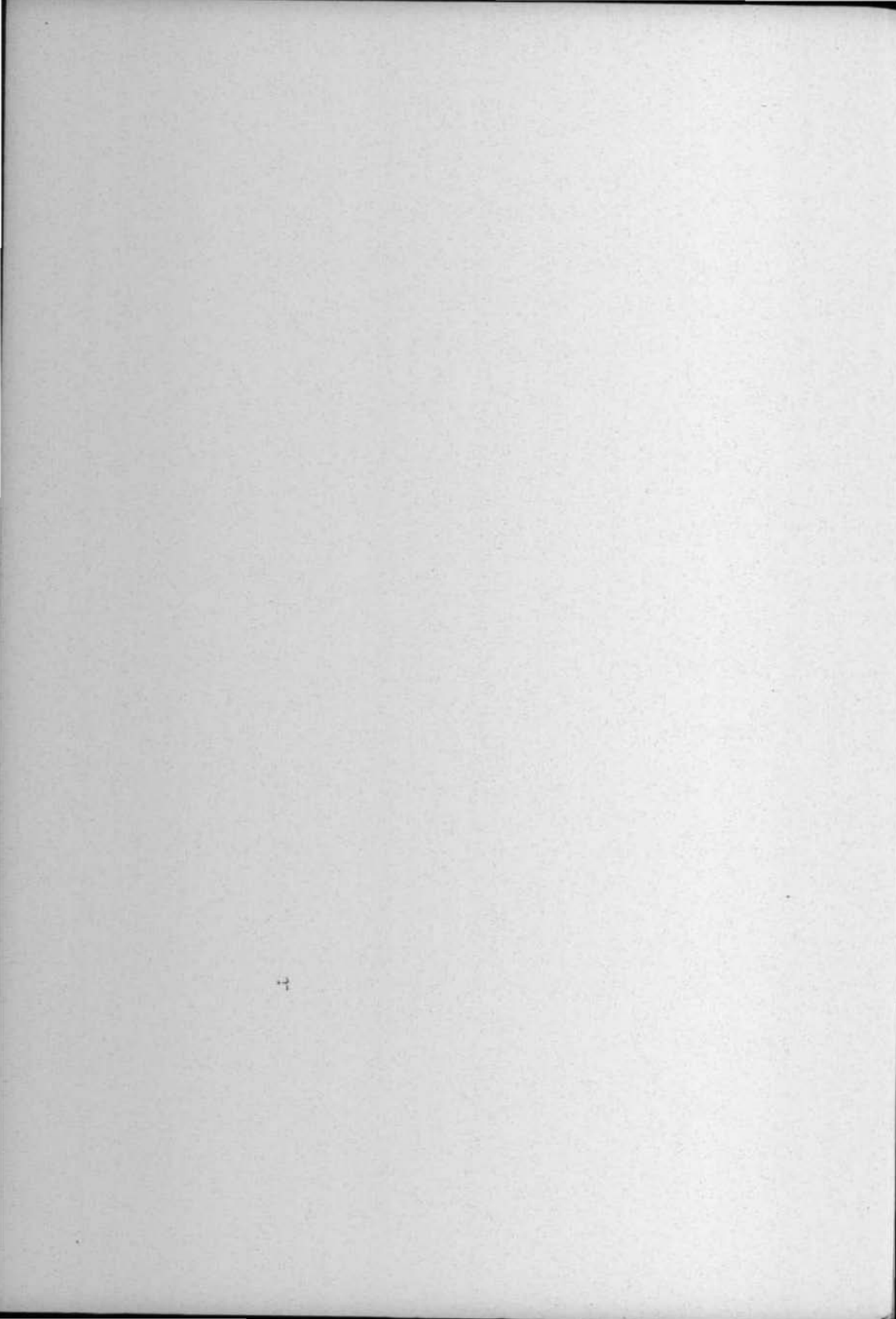
Thomas D. BaileyState Supt. of Public Instruction

Mrs. Lula L. MullikinSecretary to the Board

W. D. Rogers, M.D.Director

DIVISION OF MENTAL HEALTH
Chattahoochee, Florida

* Deceased



TRANSMITTAL

To the

Board of Commissioners of State Institutions

Tallahassee, Florida

Gentlemen:

Report of the Director of the Division of Mental Health for the biennial period July 1, 1958 to June 30, 1960, covering statistical data, treatment program, and management of the state mental hospitals operating in this Division, is transmitted herewith.

To the Board of Commissioners of State Institutions and the Legislature, appreciation is expressed for their interest and cooperation in assisting this Division to bring about a progressive program of care and treatment during the biennial period.

Respectfully submitted

W. D. Rogers, M.D.

Director

DIVISION OF MENTAL HEALTH

The Division of Mental Health, which became operative in July 1957, has general supervision over the operations of our State Hospitals for the care and treatment of the mentally ill. The four hospitals now operated within the Division are—the Florida State Hospital, Chattahoochee, activated in 1876; the G. Pierce Wood Memorial Hospital, Arcadia, activated in 1947; the South Florida State Hospital, Hollywood, activated in March, 1957; the Northeast Florida State Hospital, Macclenny, activated in August, 1959.

The first phase of construction on the new Northeast Florida State Hospital, providing facilities for approximately 500 patients, was completed during the last year of this biennium and this new hospital received its first patients on August 17, 1959. The second phase of construction now in progress and which will provide facilities for approximately 400 additional patients is expected to be completed in the early summer of 1961.

The demand for admissions to our hospitals has continued to show a marked increase, as might reasonably be expected when we consider the rapid growth in our State population. Admissions during the current biennium under report totaled 8,790, as compared with 6,811 for the previous biennium, reflecting a gain of 1,979 or 29%. At the same time, the combined patient populations of our hospitals as of June 30, 1960, totaled 9,460, as compared with 8,849 on June 30, 1958, reflecting a net gain of 611 or 6.90%. It is of particular interest to note that the net gain of 611 in patient population for this biennium is appreciably less than the gain of 780 experienced during the previous biennium, despite the fact that admissions for the current biennium were considerably above those for the previous biennium.

It is further worthy of note that as of June 30, 1960, there were 192 patients in our State Hospitals for every 100,000 State population, while the last published national figures showed an average of 319 per 100,000 population in the United States.

The first section of this report is devoted to certain general information reflecting operations of the four hospitals individually and as a group. The second section is devoted to functional and departmental activities of our hospital at Chattahoochee; the third section to our hospital at Arcadia; the fourth section to our hospital at Hollywood and the fifth section to our new hospital at Macclenny.

The several methods by which patients may be admitted to and released from our State Hospitals are shown in Florida State Hospital's section of this report under caption—Procedures for Admissions and Release of Patients.

MOVEMENT OF PATIENT POPULATION BY HOSPITALS AT LOCATIONS
SHOWN — JULY 1, 1958 THROUGH JUNE 30, 1960

	Total All Hospitals	Chatta- hoochee	Arcadia	Hollywood	Maccleenny
ADMISSIONS:					
New Commitments	5,931	2,870	768	1,674	619
Certifications	204	26	6	137	35
Voluntary	84	41	1	41	1
Transfers from Non-Divisional Institutions	23	2		21	
Births	30	25		3	2
Readmissions—From Trial Visit, Former Commitment & Escape	2,521	1,417	630	326	148
Transfers between Divisional Hospitals	91	16	1		74
TOTAL ADMISSIONS	8,884	4,397	1,406	2,202	879
Less Inter-Division Transfers	91				
NET ADMISSIONS	8,793				
SEPARATIONS:					
Discharges and Trial Visits	6,484	3,577	1,024	1,396	487
Escapes	237	77	27	123	10
Deaths	1,362	899	280	170	13
Babies Sent Home	30	26		3	1
Transfers to Non-Divisional Hospitals	62	23	1	38	
Transfers between Divisional Hospitals	91	74	8	5	4
Others	7	5		1	1
TOTAL SEPARATIONS	8,273	4,681	1,340	1,736	516
Less Inter-Division Transfers	91				
NET SEPARATIONS	8,182				
NET INCREASE OR—DECREASE IN POPULATION	611	—284	66	466	363
POPULATION BEGINNING OF PERIOD	8,849	6,680	1,597	572	
POPULATION END OF PERIOD	9,460	6,396	1,663	1,038	363

DIVISION OF MENTAL HEALTH—ALL HOSPITALS
SUMMARY OF PATIENT STATISTICS BY BIENNIA
FOR PERIODS AS INDICATED

<i>Biennium</i>	<i>Population July 1</i>	<i>Admissions</i>	<i>Separations</i>	<i>Net Increase For Biennium</i>	<i>Population June 30</i>
1950-52	6,576	3,623	3,038	585	7,161
1952-54	7,161	4,182	3,625	557	7,718
1954-56	7,718	5,306	4,955	351	8,069
1956-58	8,069	6,892	6,112	780	8,849
1958-60	8,849	8,884	8,273	611	9,460
<i>% of Increase 1958-60 Over 1950-52</i>					
		145%	172%		

AS OF JUNE 30, 1960, THE DIVISION OF MENTAL HEALTH
SHOWED THE FOLLOWING FIGURES:

<i>Institutions</i>	<i>Patients Present</i>	<i>Employees Authorized</i>	<i>Buildings & Structures</i>	<i>Land Acreage</i>
Florida State Hospital—Chattahoochee....	6,396	1,919	224	515
G. Pierce Wood Memorial Hosp.—				
Arcadia	1,663	650	112	2,170
South Fla. State Hospital—Hollywood.....	1,038	655	52	283
Northeast Fla. State Hosp.—				
Macclenny	363	365	33	306
TOTALS	9,460	3,589	421	3,274

OPERATING EXPENSES

<i>Expended by:</i>	<i>TOTAL</i>	<i>First Year Of Biennium</i>	<i>Second Year Of Biennium</i>
Florida State Hospital—Chattahoochee.....	\$14,374,015	\$ 7,148,966	\$ 7,225,049
G. Pierce Wood Memorial Hosp.—Arcadia.....	4,497,787	2,190,514	2,307,273
South Florida State Hospital—Hollywood.....	4,029,613	1,816,313	2,213,300
Northeast Florida State Hosp.—Macclenny	1,066,552	22,545	1,044,007
Office of Director—Chattahoochee	37,813	12,390	25,423
TOTALS	\$24,005,780	\$11,190,728	\$12,815,052

PER PATIENT PER DAY COSTS

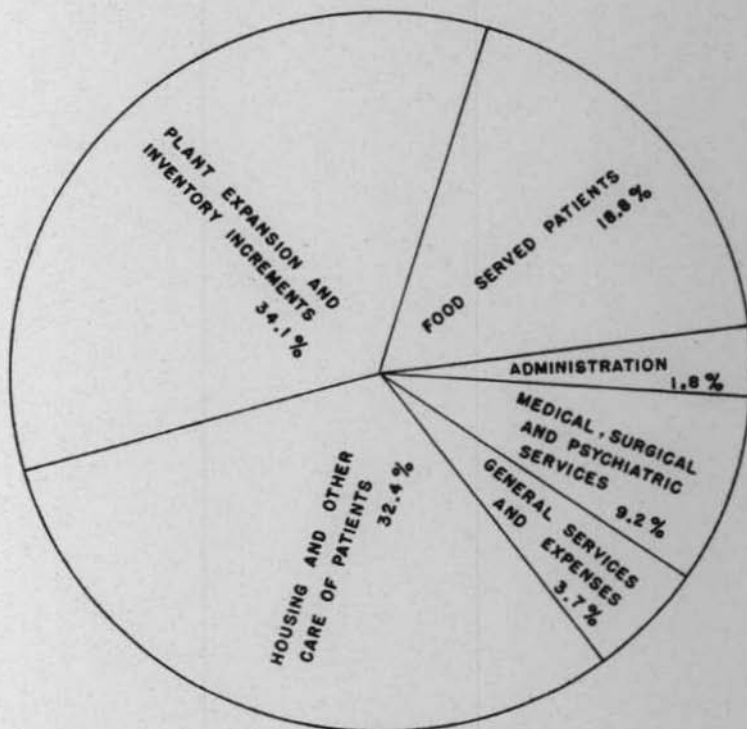
<i>Expended by:</i>	<i>Average for Biennium</i>	<i>First Year Of Biennium</i>	<i>Second Year Of Biennium</i>
Florida State Hospital—Chattahoochee.....	\$ 2.985	\$ 2.933	\$ 3.039
G. Pierce Wood Memorial Hosp.—Arcadia.....	3.782	3.744	3.819
South Florida State Hospital—Hollywood	6.723	7.029	6.491
Northeast Florida State Hosp.—Macclenny.....	12.365	—	12.365
TOTALS	\$ 3.589	\$ 3.410	\$ 3.762

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1959

Portion of each Dollar Went

For



EXPENSES AND CAPITAL OUTLAY OF:

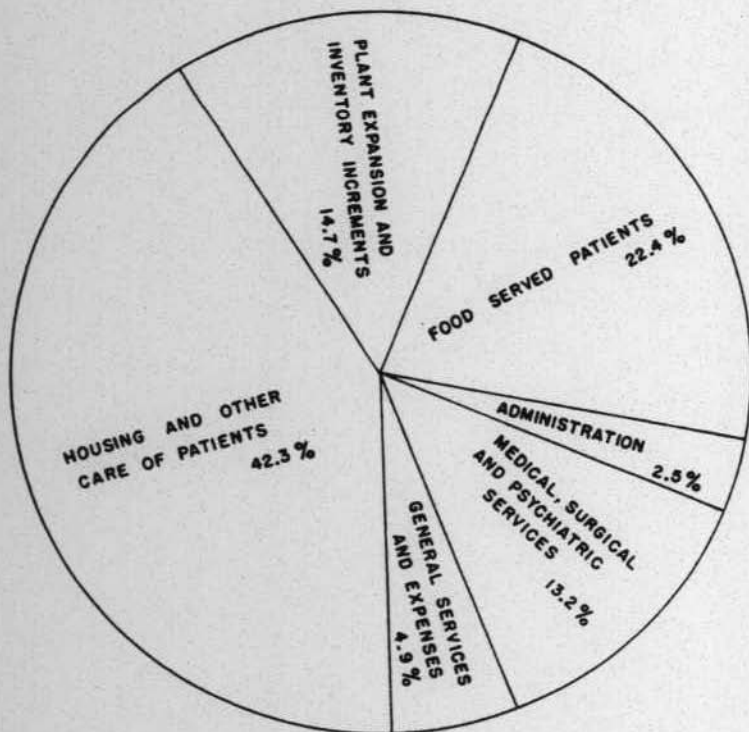
Florida State Hospital	\$ 8,241,676.27
G. Pierce Wood Memorial Hospital	2,726,041.72
South Florida State Hospital	2,679,811.68
Northeast Florida State Hospital	3,330,996.63
Administrative—Office of Director.....	12,453.85
TOTAL	<u><u>\$16,990,980.15</u></u>

TOTAL EXPENSES AND CAPITAL OUTLAY

FISCAL YEAR ENDED JUNE 30, 1960

Portion of Each Dollar Went

For



EXPENSES AND CAPITAL OUTLAY OF:

Florida State Hospital	\$ 7,993,140.43
G. Pierce Wood Memorial Hospital	2,636,453.54
South Florida State Hospital	2,341,804.93
Northeast Florida State Hospital	2,032,257.96
Administrative—Office of Director.....	26,472.65
TOTAL	<u>\$15,030,129.51</u>

STATEMENT OF CONDITION

As of JUNE 30, 1960

DIVISION OF MENTAL HEALTH

11

ASSETS	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
CURRENT ASSETS:						
Cash and Bank	\$ 62,500	\$ 32,855	\$ 8,686	\$ 17,183	\$ 3,776	\$
State Treasurer	18,004	15,707	.....	2,297	.....	.....
Appropriations:						
Operating	1,325,222	686,450	156,124	333,578	144,948	4,122
Capital Outlay	5,189,448	940,423	1,238,710	41,025	2,969,290	.....
Accounts Receivable	137,752	43,052	57,817	34,010	2,873	.....
Inventory of Supplies	1,399,170	894,987	212,885	182,819	108,479	.....
Deferred Charges	22,402	11,289	2,143	4,491	4,479	.....
Ward Inventory of Clothing, Bedding & Linens	392,959	272,443	74,721	28,222	17,573	.....
TOTAL CURRENT ASSETS	\$ 8,547,457	\$ 2,897,206	\$ 1,751,086	\$ 643,625	\$ 3,251,418	\$ 4,122
FIXED ASSETS:						
Books	\$ 7,206	\$ 2,468	\$ 145	\$ 3,209	\$ 1,284	\$ 100
Land and Improvements	780,272	120,606	178,315	317,534	163,817	.....
Machinery and Equipment	6,853,530	4,755,051	940,660	675,326	479,446	3,047
Buildings and Structures	27,574,271	12,402,140	3,992,197	4,800,021	6,379,913	.....
Projects in Progress	5,246,154	496,888	231,318	4,372,658	145,290	.....
TOTAL FIXED ASSETS	\$40,461,433	\$17,777,153	\$ 5,342,635	\$10,168,748	\$ 7,169,750	\$ 3,147
TOTAL ASSETS	\$49,008,890	\$20,674,359	\$ 7,093,721	\$10,812,373	\$10,421,168	\$ 7,269

STATEMENT OF CONDITION—Continued

As of JUNE 30, 1960

LIABILITIES, RESERVES AND BALANCES	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
CURRENT LIABILITIES:						
Accounts Payable	\$ 190,621	\$ 169,791	\$ 9,033	\$ 4,378	\$ 7,380	\$ 39
Prepaid Pay Patient Fees	10,247	4,869	2,855	1,698	825	.....
Reserve for Sales Tax Remittals	86	6	.....	45	35	.....
Reserve for Partial Payment Contracts	1,550	1,550	.....	.....	.....	.....
Reserve for General Revenue Remittals	181,067	62,460	65,598	49,022	3,987	.....
TOTAL CURRENT LIABILITIES	\$ 383,571	\$ 238,676	\$ 77,486	\$ 55,143	\$ 12,227	\$ 39
APPROPRIATION AND FUND BALANCES—NET	6,514,670	1,626,873	1,394,834	374,603	3,114,238	4,122
RESERVE FOR WARD INVENTORIES	392,959	272,443	74,721	28,222	17,573	.....
UNRESTRICTED CURRENT BALANCES	1,367,847	865,700	207,512	186,025	108,649	—39
PLANT INVESTMENT	40,349,843	17,670,667	5,339,168	10,168,380	7,168,481	3,147
TOTAL LIABILITIES, RESERVES AND BALANCES	\$49,008,890	\$20,674,359	\$ 7,093,721	\$10,812,373	\$10,421,168	\$ 7,269

SUMMARY OF OPERATIONS
FOR THE FISCAL YEAR ENDED JUNE 30, 1959

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
BALANCES BROUGHT FORWARD JULY 1, 1958						
Current Resources:						
Cash and Bank	\$ 44,757	\$ 30,299	\$ 7,233	\$ 7,225	\$	\$
Accounts Receivable	112,273	69,292	33,733	9,248	.....	.....
State Treasurer	71,856	68,378	3,448	30	.....	.....
Appropriations	14,003,309	2,444,850	2,158,755	1,348,648	8,047,908	3,148
Inventories	1,303,031	962,859	223,025	117,147	.....	.....
Total Current Resources	\$15,535,226	\$ 3,575,678	\$ 2,426,194	\$ 1,482,298	\$ 8,047,908	\$ 3,148
Less, Current Liabilities	60,818	27,497	24,404	8,778	.....	139
TOTAL BALANCES BROUGHT FORWARD	\$15,474,408	\$ 3,548,181	\$ 2,401,790	\$ 1,473,520	\$ 8,047,908	\$ 3,009
Adjustments for Prior Year	-8,086	.....	.....	.....	-8,086	.....
NET BALANCES BROUGHT FORWARD JULY 1, 1958	\$15,466,322	\$ 3,548,181	\$ 2,401,790	\$ 1,473,520	\$ 8,039,822	\$ 3,009
APPROPRIATIONS, REVENUES AND OTHER ADDITIONS:						
Appropriations:						
Operating	\$11,869,771	\$ 7,385,694	\$ 2,280,815	\$ 2,188,262	\$	\$ 15,000
Other	8,795	4,294	3,037	1,464	.....	.....
Revenue:						
Profit on Beef and Swine Herds	39,598	39,598	.....	.....	.....	.....
Income from Paying Patients	664,629	379,937	169,056	115,636	.....	.....
Other Revenue	16,736	8,317	1,615	6,792	12	.....
Donations:						
Government Surplus Commodities	139,203	125,491	9,120	4,592	.....	.....
Other Donations	21,134	10,823	1,191	9,120	.....	.....
Auxiliary Funds	30,253	19,077	5,547	5,629	.....	.....
Land Sales	11,867	11,867	.....	.....	.....	.....
TOTAL ADDITIONS	\$12,801,986	\$ 7,985,098	\$ 2,470,381	\$ 2,331,495	\$ 12	\$ 15,000
ADJUSTMENTS TO CURRENT RESOURCES						
Ward Inventories Returned to Stock	\$ 12,006	\$ 12,006	\$	\$	\$	\$
Inventory Adjustments	21,957	21,583	27	347	.....	.....
Accounts Payable Adjustments	2,598	.....	729	1,869	.....	.....
Cancellation of Stale Dated Checks	109	109	.....	.....	.....	.....
TOTAL ADJUSTMENTS	\$ 36,670	\$ 33,698	\$ 756	\$ 2,216	\$	\$
TOTAL AVAILABLE	\$28,304,978	\$11,566,977	\$ 4,872,927	\$ 3,807,231	\$ 8,039,834	\$ 18,009

SUMMARY OF OPERATIONS—Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1959

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
EXPENSES AND OTHER DEDUCTIONS						
OPERATING EXPENSES:						
Dietary Services to Patients.....	\$ 3,200,356	\$ 2,182,781	\$ 607,185	\$ 410,390	\$	\$
Administration.....	309,901	127,507	63,440	84,019	22,545	12,390
Medical, Surgical, Psychiatric, Dental and Other Professional Care.....	1,559,243	927,571	247,656	384,016	.....	.....
General Services and Expenses.....	623,160	295,601	176,251	151,308	.....	.....
Housing and Other Care of Patients.....	5,498,068	3,615,506	1,095,982	786,580	.....	.....
TOTAL OPERATING EXPENSES.....	\$11,190,728	\$ 7,148,966	\$ 2,190,514	\$ 1,816,313	\$ 22,545	\$ 12,390
PLANT EXPANSION.....	\$ 5,791,164	\$ 1,092,021	\$ 534,498	\$ 856,130	\$ 3,308,452	\$ 63
WARD INVENTORY INCREMENT.....	\$ 9,088	\$ 690	\$ 1,030	\$ 7,368	\$	\$
NON-OPERATING DEDUCTIONS:						
Appropriations Reverting.....	\$ 7,588,180	\$ 1,629,083	\$ 1,589,800	\$ 638,053	\$ 3,725,611	\$ 5,633
Remittals to General Revenue.....	712,243	427,951	160,447	123,845	.....	.....
Trust Funds Transferred to General Revenue.....	3,768	3,324	444	.....	.....	.....
Adjustment of Accounts Receivable.....	232	.....	232	.....	.....	.....
TOTAL NON-OPERATING DEDUCTIONS.....	\$ 8,304,423	\$ 2,060,358	\$ 1,750,923	\$ 761,898	\$ 3,725,611	\$ 5,633
TOTAL EXPENSES AND OTHER DEDUCTIONS.....	\$25,295,403	\$10,302,035	\$ 4,476,965	\$ 3,441,709	\$ 7,056,608	\$ 18,086
BALANCES FORWARDED JUNE 30, 1959.....	\$ 3,009,575	\$ 1,264,942	\$ 395,962	\$ 365,522	\$ 983,226	\$ —77

SUMMARY OF OPERATIONS
FOR THE FISCAL YEAR ENDED JUNE 30, 1960

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
BALANCES BROUGHT FORWARD JULY 1, 1959						
Current Resources:						
Cash and Bank	\$ 47,274	\$ 30,590	\$ 5,947	\$ 10,737	\$	\$
Accounts Receivable	142,127	72,506	50,457	19,152	12	.....
State Treasurer	9,414	4,172	.....	5,242	.....	.....
Appropriations	1,912,405	232,663	147,212	185,309	1,347,216	5
Inventories	1,428,233	955,123	225,831	184,884	62,395	.....
Deferred Charges	4,601	4,162	.....	365	74	.....
Total Current Resources	\$ 3,544,054	\$ 1,299,216	\$ 429,447	\$ 405,689	\$ 1,409,697	\$5
Less, Current Liabilities:						
Accounts Payable	\$ 510,474	\$ 12,589	\$ 31,724	\$ 39,608	\$ 426,471	\$ 82
Prepaid Pay Patient Fees	7,232	4,952	1,761	519	.....	.....
Reserve for Sales Tax Remittals	40	.....	.....	40	.....	.....
Reserve for Partial Payment Contracts	16,733	16,733	.....	.....	.....	.....
Total Current Liabilities	\$ 534,479	\$ 34,274	\$ 33,485	\$ 40,167	\$ 426,471	\$ 82
NET BALANCES FORWARD JULY 1, 1959	\$ 3,009,575	\$ 1,264,942	\$ 395,962	\$ 365,522	\$ 983,226	\$ -77
APPROPRIATIONS, REVENUES AND OTHER ADDITIONS:						
Appropriations:						
Operating	\$14,266,491	\$ 7,945,755	\$ 2,498,476	\$ 2,557,305	\$ 1,234,318	\$ 30,637
Capital Outlay	5,645,964	1,249,150	1,388,100	.....	3,008,714	.....
Other	11,257	4,687	2,253	3,461	856	.....
Revenues:						
Income from Paying Patients	775,033	418,837	182,229	159,746	14,221	.....
Interest Income	9,764	6,954	1,929	881	.....	.....
Other Revenue	12,071	8,794	577	4,470	-1,770	.....
Donations:						
Government Surplus Commodities	129,284	110,843	10,593	7,030	818	.....
Other Donations	14,668	.....	830	7,803	6,035	.....
Grants and Donations Trust Fund	9,190	.....	.....	9,190	.....	.....
Auxiliary Fund	27,550	16,571	3,609	4,597	2,773	.....
Land Sales	15,183	15,183	.....	.....	.....	.....
Transfers from Other Divisional Hospitals	36,620	362	.....	-50	36,308	.....
Gain from Salvage Operations	1,028	1,028	.....	.....	.....	.....
TOTAL ADDITIONS	\$20,954,103	\$ 9,778,164	\$ 4,088,596	\$ 2,754,433	\$ 4,302,273	\$ 30,637

SUMMARY OF OPERATIONS—Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1960

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
ADJUSTMENTS TO CURRENT RESOURCES						
Adjust Expenses—Prior Years	\$ 38	\$.	\$.	\$.	\$ 38	\$.
Inventory Adjustments	2,280	2,066		214		
Other	16			16		
TOTAL ADJUSTMENTS	\$ 2,334	\$ 2,066	\$.	\$ 230	\$ 38	\$.
TOTAL AVAILABLE	\$23,966,012	\$11,045,172	\$ 4,484,558	\$ 3,120,185	\$ 5,285,537	\$ 30,560
EXPENSES AND OTHER DEDUCTIONS						
OPERATING EXPENSES:						
Dietary Services to Patients	\$ 3,374,231	\$ 2,056,555	\$ 586,896	\$ 538,219	\$ 192,561	\$.
Administration	370,790	129,821	62,355	85,271	67,920	25,423
Medical, Surgical, Psychiatric, Dental and Other Professional Care	1,984,653	967,314	266,586	438,859	311,894	
General Services and Expenses	735,773	290,843	178,963	171,100	94,867	
Housing and Other Care of Patients	6,349,605	3,780,516	1,212,473	979,851	376,765	
TOTAL OPERATING EXPENSES	\$12,815,052	\$ 7,225,049	\$ 2,307,273	\$ 2,213,300	\$ 1,044,007	\$ 25,423
PLANT EXPANSION	\$ 2,193,749	\$ 773,905	\$ 322,377	\$ 125,740	\$ 970,678	\$ 1,049
WARD INVENTORY INCREMENT	\$ 21,327	\$ —5,814	\$ 6,803	\$ 2,765	\$ 17,573	\$.
NON-OPERATING DEDUCTIONS:						
Appropriations Reverting	\$ 44	\$ 2	\$.	\$ 37	\$.	\$ 5
Remittals to General Revenue	854,679	476,781	183,273	167,313	27,312	
Transfers to Other Divisional Hospitals	36,620	36,308	—50		362	
Transfers to Other State Institutions	65,001	65,001				
Adjustment of Accounts Receivable	25,587	25,351	236			
Obsolete Supplies and Inventory Adjustment	272	42	169	61		
Adjust Expenses—Prior Years	1,687			1,687		
TOTAL NON-OPERATING DEDUCTIONS	\$ 983,890	\$ 603,485	\$ 183,628	\$ 169,098	\$ 27,674	\$ 5
TOTAL EXPENSES AND OTHER DEDUCTIONS	\$16,014,018	\$ 8,596,625	\$ 2,820,081	\$ 2,510,903	\$ 2,059,932	\$ 26,477
BALANCES FORWARD JUNE 30, 1960	\$ 7,951,994	\$ 2,448,547	\$ 1,664,477	\$ 609,282	\$ 3,225,605	\$ 4,083

SUMMARY OF OPERATIONS—Continued
FOR THE FISCAL YEAR ENDED JUNE 30, 1960

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
RECONCILIATION						
Current Resources:						
Cash and Bank	\$ 62,500	\$ 32,855	\$ 8,686	\$ 17,183	\$ 3,776	\$
Accounts Receivable	137,752	43,052	57,817	34,010	2,873	.....
State Treasurer	18,004	15,707	.....	2,297	.....	.....
Appropriations	6,514,670	1,626,873	1,394,834	374,603	3,114,238	4,122
Inventories	1,399,170	894,987	212,885	182,819	108,479	.....
Deferred Charges	22,402	11,289	2,143	4,491	4,479	.....
Total Current Resources	\$ 8,154,498	\$ 2,624,763	\$ 1,676,365	\$ 615,403	\$ 3,233,845	\$ 4,122
Less, Current Liabilities						
Accounts Payable	\$ 190,621	\$ 169,791	\$ 9,033	\$ 4,378	\$ 7,380	\$ 39
Prepaid Pay Patient Fees	10,247	4,869	2,855	1,698	825	.....
Reserve for Sales Tax Remittals	86	6	.....	45	35	.....
Reserve for Partial Payment Contracts	1,550	1,550	.....	.....	.....	.....
Total Current Liabilities	\$ 202,504	\$ 176,216	\$ 11,888	\$ 6,121	\$ 8,240	\$ 39
NET CURRENT RESOURCES JUNE 30, 1960	\$ 7,951,994	\$ 2,448,547	\$ 1,664,477	\$ 609,282	\$ 3,225,605	\$ 4,083

APPROPRIATIONS — COMBINED STATEMENT

FISCAL YEAR ENDED JUNE 30, 1959

	TOTAL	Salaries	Expenses	Operating Capital Outlay	Lump Sum for Operations	Other Capital Outlay	Refund Appn.	Contingent
Balance Brought Forward July 1, 1958.....	\$13,999,225	\$ 209,815	\$ 22,324	\$ 52,761	\$ 203,148	\$13,329,938	\$.....	\$ 181,239
Appropriation for Year.....	11,869,771	6,771,544	4,215,107	168,120	15,000	.....	.....	700,000
Appropriation for Refunds.....	8,795	.....	.....	.....	.....	.....	8,795	.....
Appropriation Transfers.....	.....	414,066	82,958	13,000	—70,300	.....	.....	—439,724
Transfer of Revolving Fund.....	6,000	.....	6,000	.....	.....	.....	.....	.....
Total Available.....	\$25,883,791	\$ 7,395,425	\$ 4,326,389	\$ 233,881	\$ 147,848	\$13,329,938	\$ 8,795	\$ 441,515
Appropriations Expended.....	16,383,206	6,999,273	4,094,030	79,219	.....	5,201,889	8,795	.....
Appropriations Reverted.....	7,588,180	396,152	200,552	152,839	147,848	6,249,274	.....	441,515
Unexpended Appropriations June 30, 1959.....	\$ 1,912,405	.....	\$ 31,807	\$ 1,823	.....	\$ 1,878,775	.....	.....

APPROPRIATIONS — COMBINED STATEMENT

FISCAL YEAR ENDED JUNE 30, 1960

DIVISION OF MENTAL HEALTH

19

	TOTAL	Salaries	Expenses	Food Products	Operating Capital Outlay	Other Capital Outlay	Old Appn. Forward	Refund Appn.
Balance Brought Forward July 1, 1959.....	\$ 1,912,405	\$	\$	\$	\$	\$ 1,878,775	\$ 33,630	.....
Appropriation for Year.....	19,912,455	8,950,506	2,248,363	2,871,836	195,786	5,645,964	.....	.....
Appropriation for Refunds.....	11,257	.....	.....	.....	.....	.....	.....	\$ 11,257
Total Appropriations Available.....	\$21,836,117	\$ 8,950,506	\$ 2,248,363	\$ 2,871,836	\$ 195,786	\$ 7,524,739	\$ 33,630	\$ 11,257
Transfers to Revolving Fund 9,000.....	9,000	.....	9,000	.....	.....	.....	.....	.....
Appropriations Expended.....	15,312,403	8,395,223	2,021,336	2,404,370	111,340	2,335,291	33,586	11,257
Appropriations Reverted.....	44	.....	.....	.....	.....	.....	44	.....
Unexpended Appropriations June 30, 1960.....	\$ 6,514,670	\$ 555,283	\$ 218,027	\$ 467,466	\$ 84,446	\$ 5,189,448	\$	\$

PERCENTAGE OF OPERATING EXPENSES, CAPITAL OUTLAY
AND OTHER EXPENDITURES TO TOTAL EXPENDITURES
FOR THE FISCAL YEARS INDICATED

	FISCAL YEAR ENDED JUNE 30, 1959		FISCAL YEAR ENDED JUNE 30, 1960	
	Amount	Per Cent	Amount	Per Cent
Combined Totals—All Hospitals				
OPERATING EXPENSES:				
Dietary Services to Patients	\$ 3,200,355.66	18.83%	\$ 3,374,231.70	22.45%
Administration	309,901.34	1.82	370,790.74	2.47
Medical, Surgical, Psychiatric and Other Professional Care	1,559,242.79	9.18	1,984,651.84	13.20
General Services and Expenses	623,159.58	3.67	735,772.93	4.89
Housing and Other Care	5,498,068.33	32.36	6,349,605.18	42.25
TOTAL OPERATING EXPENSES	\$11,190,727.70	65.86	\$12,815,052.39	85.26
PLANT EXPANSION	5,791,163.81	34.09	2,193,749.82	14.60
WARD INVENTORY INCREMENT	9,088.64	.05	21,327.30	.14
TOTAL EXPENDITURES	\$16,990,980.15	100.00%	\$15,030,129.51	100.00%

SUMMARIZED DISTRIBUTION OF PAYROLLS

	TOTAL	Florida State Hospital Chattahoochee	G. Pierce Wood Memorial Hosp. Arcadia	South Fla. State Hosp. Hollywood	Northeast Fla. State Hosp. Macclenny	Office of Director Chattahoochee
FOR YEAR ENDED JUNE 30, 1959						
Food Services	\$ 706,823.36	\$ 405,559.26	\$ 153,753.66	\$ 147,510.44	\$	\$
Administration	256,575.89	101,336.26	54,657.10	72,206.72	18,615.85	9,759.96
Medical, Surgical, Psychiatric and Other Professional Care	981,811.96	546,754.75	138,831.06	296,226.15	.....	.....
General Services and Expenses	323,290.94	151,524.59	83,759.20	88,007.15	.....	.....
Housing and Other Care	3,859,863.20	2,505,638.35	740,472.94	613,751.91	.....	.....
Productive, Service and Maintenance	871,575.24	583,433.70	133,158.32	154,983.22	.....	.....
TOTAL	\$6,999,940.59	\$4,294,246.91	\$1,304,632.28	\$1,372,685.59	\$ 18,615.85	\$ 9,759.96
Appropriation Refunds—Prior Years	—101.90	.....	—101.90	.....	.....	.....
TOTAL SALARY EXPENSES	\$6,999,838.69	\$4,294,246.91	\$1,304,530.38	\$1,372,685.59	\$ 18,615.85	\$ 9,759.96
Salaries Payable June 30, 1959	565.58	.....	565.58	.....	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED	\$6,999,273.11	\$4,294,246.91	\$1,303,964.80	\$1,372,685.59	\$ 18,615.85	\$ 9,759.96
FOR YEAR ENDED JUNE 30, 1960						
Food Services	\$ 913,199.63	\$ 446,520.08	\$ 169,428.68	\$ 214,352.16	\$ 82,898.71	\$
Administration	306,255.29	102,555.66	53,911.63	74,192.08	54,764.99	20,830.93
Medical, Surgical, Psychiatric and Other Professional Care	1,240,643.50	557,863.99	147,664.36	327,684.24	207,430.91	.....
General Services and Expenses	410,883.67	170,564.49	74,787.97	93,812.01	71,719.20	.....
Housing and Other Care	4,598,312.43	2,704,401.52	843,267.68	771,399.62	279,243.61	.....
Productive, Service and Maintenance	937,612.41	500,622.32	162,664.84	177,783.38	96,541.87	.....
TOTAL SALARY EXPENSE	\$8,406,906.93	\$4,482,528.06	\$1,451,725.16	\$1,659,223.49	\$ 792,599.29	\$ 20,830.93
Salaries Payable July 1, 1959	565.58	.....	565.58	.....	.....	.....
Adjust Salaries Expense—Prior Year	194.45	.....	.....	194.45	.....	.....
TOTAL	\$8,407,666.96	\$4,482,528.06	\$1,452,290.74	\$1,659,417.94	\$ 792,599.29	\$ 20,830.93
Salaries Payable June 30, 1960	1,901.20	.....	275.83	1,146.71	478.66	.....
TOTAL SALARY EXPENDITURES	\$8,405,765.76	\$4,482,528.06	\$1,452,014.91	\$1,658,271.23	\$ 792,120.63	\$ 20,830.93
Less Expended from Trust Funds	10,542.57	.....	.....	10,542.57	.....	.....
TOTAL SALARY APPROPRIATION EXPENDED	\$8,395,223.19	\$4,482,528.06	\$1,452,014.91	\$1,647,728.66	\$ 792,120.63	\$ 20,830.93

**COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED**

	TOTAL		OFFICE OF DIREC- TOR
	Total Cost	Per Diem	
FISCAL YEAR ENDED JUNE 30, 1959			
Average Number of Patients	8,990		
Dietary Services to Patients	\$ 3,200,356	\$.9753	\$
Administration	309,901	.0944	12,390
Medical, Surgical, Psychiatric and Other Professional Care	1,559,243	.4752	.....
General Services and Expenses	623,160	.1899	.....
Housing and Other Care	5,498,068	1.6756	.....
TOTAL OPERATING EXPENSES	\$11,190,728	\$ 3.4104	\$ 12,390
FISCAL YEAR ENDED JUNE 30, 1960			
Average Number of Patients	9,308		
Dietary Services to Patients	\$ 3,374,231	\$.9905	\$
Administration	370,790	.1088	25,423
Medical, Surgical, Psychiatric and Other Professional Care	1,984,653	.5826	.....
General Services and Expenses	735,773	.2160	.....
Housing and Other Care	6,349,605	1.8638	.....
TOTAL OPERATING EXPENSES	\$12,815,052	\$ 3.7617	\$ 25,423

COMPARATIVE MAINTENANCE STATEMENT
FOR YEARS AS INDICATED

FLORIDA STATE HOSPITAL		G. PIERCE WOOD MEMORIAL HOSP.		SOUTH FLA. STATE HOSPITAL		NORTHEAST FLA. STATE HOSP.	
Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem
6,679		1,603		708			
\$2,182,781	\$.8954	\$ 607,185	\$ 1.0379	\$ 410,390	\$ 1.5881	\$	
127,507	.0523	63,440	.1084	84,019	.3251	22,545	
927,571	.3805	247,656	.4233	384,016	1.4860		
295,601	.1212	176,251	.3013	151,308	.5855		
3,615,506	1.4831	1,095,982	1.8734	786,580	3.0438		
\$7,148,966	\$ 2.9325	\$2,190,514	\$ 3.7443	\$1,816,313	\$ 7.0285	\$ 22,545	
6,495		1,651		932		231	
\$2,056,555	\$.8651	\$ 586,896	\$.9715	\$ 538,219	\$ 1.5784	\$ 192,561	\$ 2.2807
129,821	.0546	62,355	.1032	85,271	.2501	67,920	.8045
967,314	.4069	266,586	.4413	438,859	1.2870	311,894	3.6941
290,843	.1224	178,963	.2962	171,100	.5018	94,867	1.1236
3,780,516	1.5903	1,212,473	2.0069	979,851	2.8736	376,765	4.4625
\$7,225,049	\$ 3.0393	\$2,307,273	\$ 3.8191	\$2,213,300	\$ 6.4909	\$1,044,007	\$ 12.3654



THE FLORIDA STATE HOSPITAL

CHATTAHOOCHEE

W. D. Rogers, M.D.
Superintendent

DEPARTMENT HEADS

W. D. Rogers, M.D.	Superintendent
J. T. Benbow, M.D.****	Clinical Director
J. B. O'Connor, M.D.	Clinical Director
R. C. Eaton, M.D.****	Assistant Clinical Director
J. K. Cox, D.D.S.	Chief Dentist
F. D. Palsgraaf	Administrative Assistant
D. D. Miles	Office Manager
H. E. Shepard	Cashier
G. D. Williams	Paymaster
W. M. Runkle	Accountant
Isabel Mawhinney	Secretary to the Superintendent
Paul W. Strickland**	Chaplain
J. H. Chapman	Chaplain
Dora F. Dean, R.N.*	Supervisor of Nurses
Nancy F. Dodge, R.N.	Supervisor of Nurses and Director, School of Nursing Education
Chrystelle Lawrence, R.N.	Supervisor of Receiving and Intensive Treatment
Mary Joyner, R.N.	Supervisor of Amos Infirmary
Claudine Williams, R.N.	Supervisor of Park Trammell Building
H. M. Dean	Supervisor of White Men's Department
Jessie Domin, R.N.*	Supervisor of White Women's Department
Betty L. Bradley, R.N.	Supervisor of White Women's Department
W. P. Dolan	Supervisor of Colored Men's Department
Chleo Sanders	Supervisor of Colored Women's Department
Francis N. Higgins**	Food Coordinator
Mary Alice Pond	Dietitian
Charles P. Evans	Chief Steward
Marvin Hill	Steward, Amos Infirmary Kitchen
Dan W. D'Alemberte	Purchasing Agent
Mary C. Harvard, O.T.R.	Director, Occupational and Recreational Therapy
Jewel Patman, R.N.	Matron, Landis Hall
Arthur L. Patman	Commissary Manager
Dudley Elder	Plumbing and Electric Supplies Manager
R. T. Duncan	Chief Engineer
J. W. Walden	Laundry Supervisor
E. J. Langley	Fire Chief
Jules Terhell	Horticulturist
Norman S. James	Sanitary Supervisor
Andrew Moore	Construction Supervisor
Angus H. Franklin***	Farm Supervisor

* Retired

** Resigned

*** Transferred to Apalachee Correctional Institution

**** Transferred to Other Divisional Hospitals

MEDICAL DEPARTMENT STAFF

W. D. Rogers, M.D.	Superintendent
J. T. Benbow, M.D.****	Clinical Director
J. B. O'Connor, M.D.	Clinical Director
R. C. Eaton, M.D.****	Assistant Clinical Director
C. H. Adair, M.D.****	Psychiatrist
A. I. Akomer, M.D.**	Psychiatrist
A. M. Chapnick, M.D.**	Psychiatrist
I. T. Clark, M.D.	Psychiatrist
C. H. Cronick, M.D.	Psychiatrist
E. D. Curtis, M.D.**	Psychiatrist
C. H. Denser, M.D.	Psychiatrist
John Gumanis, M.D.	Psychiatrist
I. Hanenson, M.D.	Psychiatrist
Arthur Levenson, M.D.**	Psychiatrist
P. A. Ojeda, M.D.	Psychiatrist
C. A. Rich, M.D.	Psychiatrist
M. C. Sexton, M.D.	Psychiatrist
H. M. Williams, M.D.	Psychiatrist
C. A. Yozgatlioglu, M.D.	Psychiatrist
R. Mosteller, M.D.	Pathologist
E. C. Love, Jr., M.D.	Radiologist
F. D. Neves, M.D.	Physician (T.B. Service)
E. M. DaSilva, M.D.**	Surgeon
F. U. Duralde, M.D.	Surgeon
A. A. Gleitz, M.D.**	Surgeon
H. D. Tripp, M.D.**	Surgeon
F. L. Varela, M.D.	Surgeon
J. J. Billini, M.D.	Physician
G. A. Duff, M.D.	Physician
G. B. Fiore, M.D.	Physician
R. S. Gutsell, M.D.	Physician
J. R. Cortese, R.N.**	Anesthetist
J. C. Davis	Chief Psychologist
Sam Cunningham	Psychologist
C. C. Humphries	Psychologist
J. K. Cox, D.D.S.	Chief Dentist
Richard Plant, D.D.S.	Assistant Chief Dentist
J. C. Chambers	Pharmacist
W. J. Hite, Jr.	Chief Medical Technologist
M. C. Andrews	Medical Technologist
B. J. Dudley	Medical Technologist

W. J. Dudley**	Medical Technologist
B. C. Freeney	Medical Technologist
Richard Fritz****	Medical Technologist
J. E. Fulks	Medical Technologist
Sue York Hale**	Medical Technologist
Patricia Jones**	Medical Technologist
Marion King	Medical Technologist
F. D. Martin**	Medical Technologist
Judy Southwick**	Medical Technologist
E. G. Waddell**	Medical Technologist
Virginia Williamson	Director, Social Service
Patsy Nell Hirt**	Psychiatric Social Worker
Joan E. Long**	Psychiatric Social Worker
Ruth McCartt	Psychiatric Social Worker
E. O. Melton	Psychiatric Social Worker
E. F. Moore	Psychiatric Social Worker
M. E. Nassau**	Psychiatric Social Worker
C. L. Nau**	Psychiatric Social Worker
R. O. Pickens	Psychiatric Social Worker
I. F. Rosen	Psychiatric Social Worker
J. E. Sisung	Psychiatric Social Worker
D. M. Snyder**	Psychiatric Social Worker
H. R. Totten	Psychiatric Social Worker
Helen Herndon**	X-Ray Technician
Geraldine McAlpin	X-Ray Technician
M. B. Smith	X-Ray Technician
J. H. Watts	X-Ray Technician
Dora F. Dean, R.N.*	Supervisor of Nurses
Nancy F. Dodge, R.N.	Supervisor of Nurses and Director, School of Nursing Education
Audrey Hudgens, R.N.	Assistant Supervisor of Nurses
Mary C. Harvard	Director, Occupational and Recreational Therapy
Marlene Brokaw	Assistant Occupational Therapist

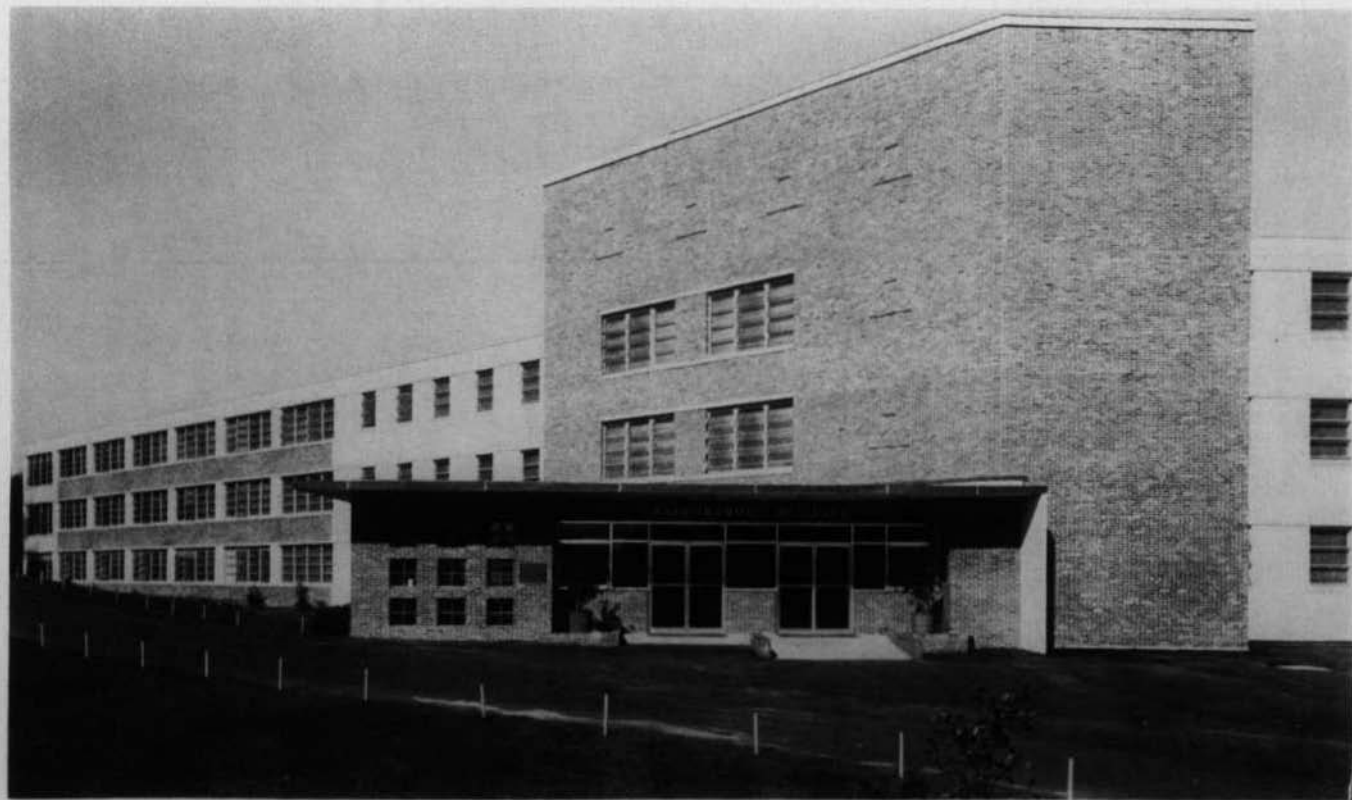
VISITING STAFF

L. G. Lyerly, M.D.	Neurosurgeon
Harold W. Ward, M.D.	Ophthalmologist
Nelson H. Kraeft, M.D.	Chest Surgeon
Robert N. Webster, M.D.	Urologist
William Smith, Jr., M.D.	Orthopedist

* Retired

** Resigned

**** Transferred to Other Divisional Hospitals



PARK TRAMMELL BUILDING
FOR CARE AND TREATMENT OF GERIATRIC PATIENTS

MOVEMENT OF POPULATION

Admissions to our Hospital at Chattahoochee totaled 4,397 during the current 1958-60 biennial period under report, as compared with a total of 4,521 admissions during the preceding biennium. These figures include admissions in all categories, as detailed in Movement of Population tables shown elsewhere in this report. Although the new Hospital at Macclenny, activated in August, 1959, has afforded some much needed relief to our Hospital at Chattahoochee, it will be noted that there has been no appreciable decline in the admission rate at Chattahoochee. This is explained by the fact that such relief as we might normally expect the new hospital would afford has, for the most part, been off-set by a corresponding increase in admissions due to the rapid growth in State population.

Separations during the current biennial period have totaled 4,681, as compared with a total of 4,362 during the preceding biennium. These group totals represent separations of all types, including releases, transfers and deaths, as detailed in movement of population tables presented elsewhere in this report.

The in-patient population of our Hospital at Chattahoochee as of June 30, 1960, was 6,405, or 275 less than the population of 6,680 on June 30, 1958. This reduction has been made possible through transfer of 74 patients to the new hospital at Macclenny, the decrease in admissions resulting from activation of that new hospital and through further improving our release rate at Chattahoochee.

The death rate per 1,000 patients treated was 45.9 for the first year of the current biennium and 55.4 for the second year, or an average of 50.7 for this biennium, as compared with an average of 52.7 for the preceding biennium. Since the great percentage of deaths occur in the advanced age group and admissions of patients in this age group are continually increasing, the outlook for any major improvement in this statistic is not favorable.

PROCEDURES FOR ADMISSION AND RELEASE OF PATIENTS

There are a number of procedures under which patients may be accepted for admission. These include Regular Commitments by the County Courts, Return from Trial Visit, Voluntary Admission, Transfers from other Hospitals, Commitment by Circuit Courts, Courts of Record or Criminal Courts of Record, and admission on Order of Certification.

The Certification procedure, as authorized by the 1959 Legislature, provides for temporary hospitalization not to exceed six months, in certain eligible cases where it is apparent that the patient may, through intensive

treatment, be restored to competency within a relatively short period of time. The use of this procedure is forbidden in regard to the senile, those addicted to drugs or alcohol, the mentally retarded, those who have criminal charges pending, and those who are not residents of Florida. When, within the six-months period, the hospital staff determines that the patient is mentally competent or would not benefit from further hospitalization, the committing Court is so notified in writing. The Judge shall then file and record the notice and this shall constitute a discharge of the alleged incompetent and terminate proceedings. If, however, the Hospital staff considers the patient still mentally incompetent and requiring further hospitalization, a report so stating is sent to the County Judge describing the patient's condition and recommending further commitment.

Voluntary Admissions have tended to double within the past biennium, and not all who apply for such are accepted. The Law forbids the admission of non-residents, and, of course, incompetent individuals should not sign a Voluntary Admission Form. In an appreciable number of cases, Voluntary Admission has not proved to be of value, due primarily to the impulsive decision on the part of some to apply for admission often before they have sought local medical help, and also due to the demand for release before maximum benefit is achieved. It would seem desirable that such cases should first be evaluated by a local physician or psychiatrist, and then, if treatment is not available locally, and hospitalization is considered advisable, the physician could refer the patient to the Hospital after arranging for an appointment for interview of the patient at the Hospital.

Patients are released from the Hospital chiefly by trial visit arrangements with relatives and by competency discharge after review of the case by the general staff of the hospital. Other releases include transfer to Veterans Administration or other hospitals, release of voluntary patients on request and by return to Court as competent in those cases where charges are pending. It is now a simple matter for a patient who is granted a competency discharge by the general staff to obtain speedy judicial restoration of sanity by the Court. The procedure provides that the Hospital send the original Certificate of competency discharge to the committing Court and, unless protest is made by the State Attorney within twenty days, the patient's judicial sanity is automatically restored.

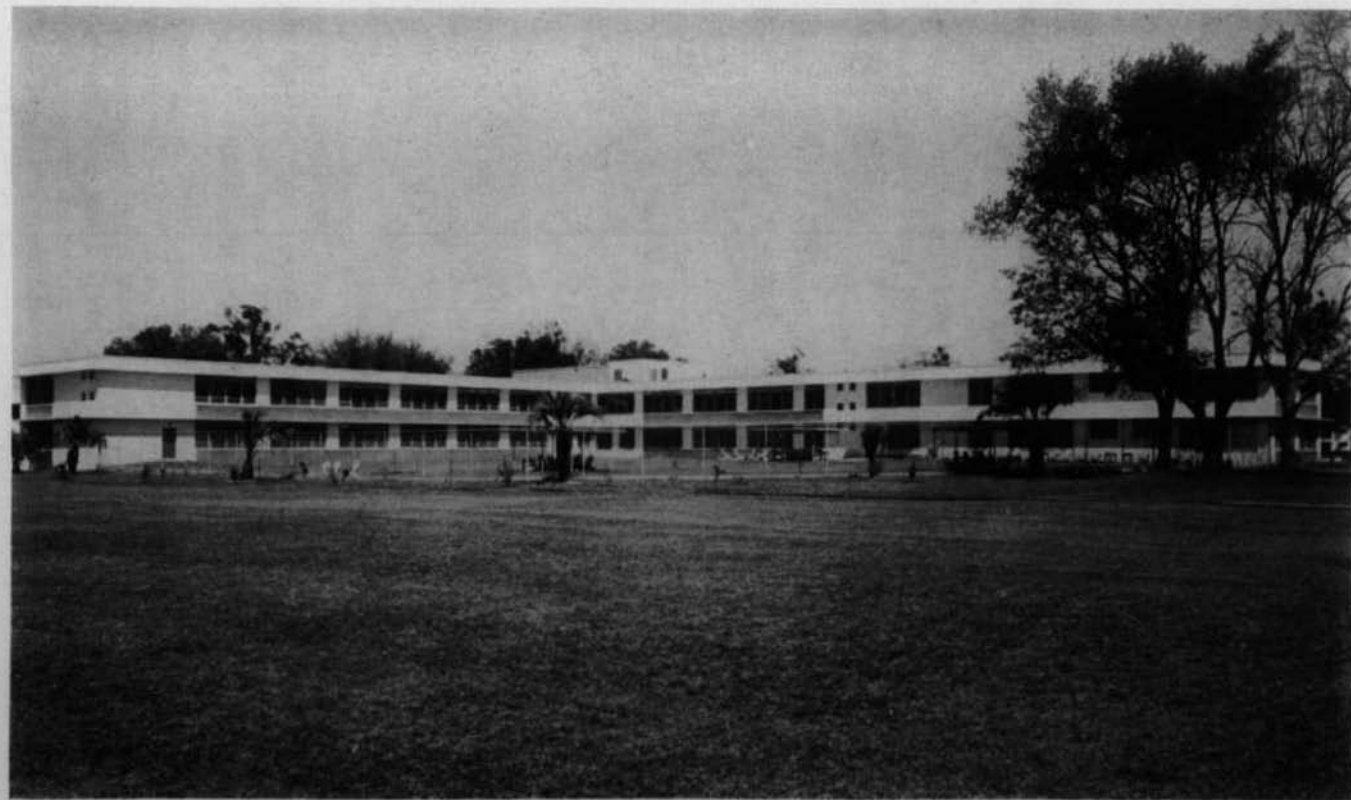
MEDICAL STAFF

The problem of maintaining an adequate Medical Staff continues to be a never ending one. This has reference both as to numbers, and as to quality of training and adaptability to institutional standards. The basic reasons for such would appear to be that the supply of physicians and psychiatrists has not increased in proportion to the constantly growing demand for these services. This has naturally resulted in keen competition for the

services of such professional people and rendered it more difficult for our State institutions to maintain adequate staffs because of more lucrative incentives offered in other areas. Florida's position in this respect is made more difficult than that of the average State because of increased needs brought about through rapid growth in our State's population.

The Resident Staff continues to be supplemented by the Visiting Staff in the fields of Neurosurgery, Thoracic Surgery, Urology, Ophthalmology, and Orthopedics. It is difficult to see how the medical and surgical sections of the Hospital could adequately function without the skill of these specialists who regularly visit the Hospital to treat those cases best served by their specialties. The Hospital continues to enjoy the services of Resident Specialists in Roentgenology and Pathology, and General Surgery and Internal Medicine are also served by well qualified physicians.

The regular meetings of the General Staff for consideration of discharge of patients continue to function. In addition, Diagnostic Staff meetings are to be more frequently held, and the Clinical Pathological Conference is being expanded so that interesting clinical material can be discussed in more detail. Clinics have also been held for various University groups, and regular meetings for District Mental Health groups have been instituted. The meetings with Public Health personnel have gradually decreased, because nearly all such personnel have been reached by now. It seems probable that the need for such meetings will again occur in the future. It is anticipated that Vocational Rehabilitation groups throughout the State will have meetings at the Hospital similar to those afforded the Public Health workers.



SIDE VIEW OF RECEIVING AND INTENSIVE TREATMENT BUILDING FOR WOMEN

GENERAL HOSPITAL DIVISION

This Division, which consists of the Medical, and Surgical, and Receiving, and Tuberculosis Services contains 1,158 beds, of which over 320 are assigned to medical and surgical cases, and over 250 to Tuberculosis cases, and the remainder to the receiving services. This Division does not include geriatric cases, or continued treatment cases. In the General Hospital Division are the Operating Rooms, Drug Department, X-Ray Department, Eye Clinic, Medical and Surgical, and Tubercular Wards, the Clinical Laboratories and other diagnostic aids, including the Electroencephalograph, the Electrocardiograph, the Psychological Testing Clinic, Social Service and Rehabilitation Service, Occupational Service quarters, the patients' Clinical Records area, and Diet Kitchens. The concentration of all these facilities makes much more efficient the care that the above type of cases can be given. There is also a greater concentration of physicians in this area, in order that these particular patients may receive much more intensive and specialized treatment, both for mental and physical disorders, than other patients may require.

Following the trend throughout the country, the Tuberculosis Service has shown a sharp decline in the number of active cases, due mostly to the use of effective new drugs. The contributions of modern thoracic surgical techniques and the services of a consultant chest surgeon have also proved of great benefit in the proper care and treatment of tuberculosis, as well as cancer of the lung and esophagus, bronchiectasis, lung abscesses and other respiratory diseases. The tuberculosis service has continued to handle cases from the other three hospitals in the Division of Mental Health, requiring some additional service at Chattahoochee, however, we do expect the incidence of tuberculosis to further decline.

One of our staff physicians continues to serve in the capacity of personnel physician, making thorough physical examinations of all new employees prior to acceptance for employment, periodically re-checking those engaged in food handling and attending those medical cases requiring hospitalization in the employee section of the hospital.

The hospital continues to experience a shortage of registered nurses and the good care of our patients has been possible only through the indispensable supervision of our limited nursing staff and the excellent work performed by practical nurses, nurses' aides and attendants.

SURGERY

The surgical service has been very active during this biennium, continuing to provide both emergency and elective surgery. The hospital employs two full time surgeons and surgical services are further augmented by consultants in certain specialized fields who visit the hospital at regular intervals or when requested because of emergency. Surgical services are

considered an important part of our treatment program, since we must provide proper treatment for the physical illnesses as well as the mental illnesses of our patients. Following is a summary of surgical procedures for the biennium:

	Major	Minor
Orthopedic	58	15
Urology	14	68
Gynecology	61	208
Neurology	15	3
Ophthalmology	13	16
General	126	1,049
Cystoscopies		100
Deliveries		24
Blood Transfusions		979
Ambulatory Treatment		10,034
Surgical Trays		7,400

DRUG THERAPY AND SHOCK THERAPY

Drug therapy continues to play an important role in the treatment and management of mental illnesses and is of particular value in rendering the patient receptive toward psychotherapy and other related therapies. At the present time numerous tranquilizers are available. The past two years have seen the addition of even more potent drugs which are steadily increasing in use. Also during the past two years there has been available the anti-depressants, of which there are now several varieties. As expected, these drugs have shown decided effectiveness in the treatment of depressions. The use of such drugs is constantly increasing. As we learn to evaluate the efficacy of the several types we find increasing the number of patients who can be released from the Hospital as improved. Electro-shock treatment continues to be the only type of shock treatment used at this Hospital. We have found the use of this treatment continually diminishing until now less than a third as many are so being treated as compared to about a year ago, since the advent of the anti-depressants. Thus it is apparent that as time goes on drug therapy in combination with psychotherapy is supplanting the previous more popular methods of treatment of mental disorders.

SCHOOL OF NURSING EDUCATION

The August, 1959, graduation marked the end of forty years of basic nursing education at Florida State Hospital. Sixteen students were honored at this ceremony which was attended by many who were formerly associated with the school.

The Florida State Hospital School of Nursing has continued as an affiliating agency in psychiatric nursing for schools of nursing in Florida

and the southeastern states. This program is accredited by the Florida State Board of Nursing.

Various types of programs in nursing education are served by this affiliation, including the three year hospital program, the Junior College and the collegiate. In addition, we have accepted a number of registered nurses who require this experience for Florida licensure.

The physical facilities in this department have been expanded in this biennium through the addition of new chairs and new blackboard for the classrooms. The library facilities have also been increased.

The personnel from the Medical, Psychology, Social Service and Occupational Therapy Departments have contributed greatly to our teaching program. With the increasing emphasis on the community role in mental health, we have called upon representatives of various community agencies to assist us in this aspect. The response has been gratifying.

Attention is called to the table below in regard to student movement of population:

Number of students admitted to Basic School of Nursing	0
Number of students graduating from Basic School of Nursing	37
Present number of Basic Students	0
Total number of schools affiliating in psychiatric nursing	19
Present number of schools affiliating in psychiatric nursing	16
Total number of students affiliating in psychiatric nursing	652
Present number of students affiliating in psychiatric nursing	65

Reciprocal visits have been carried on with the affiliating schools and the faculty members have attended workshops, conferences and conventions, in order to remain current in the field.

The 48 hour orientation for Public Health personnel continued throughout the biennium. This workshop is designed to brief those persons involved in follow-up care with the current methods of treatment and the legal aspects involved. This program has been most successful.

During 1960, an active in-service program for non-professional personnel was instigated. This includes an intensive two week orientation for all new employees as well as classes in more specialized nursing care procedures for selected employees. We plan to expand this into a long term, on-going series, designed to give the non-professional the background and understanding which will allow him to give even better patient care.

This program has been possible only through the excellent cooperation and participation of every Hospital Department.

PSYCHOLOGY DEPARTMENT

The Psychology Department, currently staffed by three full time clinical psychologists and a department secretary, is primarily concerned with the psychological evaluation of patients. Evaluations are made on a referral basis only, with referrals coming from members of the Medical Staff or the Vocational Rehabilitation Counselor.

In addition to psychological evaluation, psychologists contribute to the Hospital Education Program by teaching classes for student nurses and employees, participation in orientation progress for various professional or civic groups, and in clinics for University students.

A third function of the Psychology Department is in the area of research. As in each preceding biennium since the establishment of this department in 1946, articles have been published in National Psychological Journals and members have been participants on the programs of State and Regional Scientific Meetings. Cooperation with Florida Universities on psychological research projects has continued. Material for several studies has been supplied to graduate students of the Florida State University, and one psychologist, who was awarded a PhD from the University of Florida in 1960, collected much of the data for his dissertation here.

Virtually all activities of the department, except the number of hours spent in Staff Conference, showed an increase over the preceding two year period. New referrals were up 2%; total number of tests administered increased 30%; hours devoted to teaching increased 13%.

Presently, with the increase in Medical Staff, our referral load is increasing faster than can be matched by increased effort of our present staff without sacrificing quality of work.

The accompanying table shows in some detail the activities of the Department:

REFERRALS (Source)

White Male	823
White Female	207
Colored Male	157
Colored Female	52
Total	1239

TESTS ADMINISTERED

Bender-Gestalt	580
Cornell Index	27
Draw-A-Person	734
House-Tree-Person	11
Minnesota Multiphasic Personality Inventory	73
Revised Beta	24
Rorschach	808
Shipley-Hartford	39

Stanford-Binet Vocabulary	88
TAT	57
Wechsler Intelligence	692
Word Association Test	443
Miscellaneous	120
Total	3696

TEACHING

Personal Training	27 hours
School of Nursing	437 hours
Clinics	10½ hours
Staff Conferences	189½ hours

CLINICAL LABORATORY

The Clinical Pathological Laboratory is maintained on the same basis as heretofore, under the direction of a Certified Pathologist. A School of Medical Technology continues to be operated under the Board of Schools of Medical Technology of the American Society of Clinical Pathologists. Instruction in the School is under the supervision of the Chief Technologist, assisted by the Staff of Registered Technologists, directed by the Pathologist.

Several new pieces of equipment have been added to the laboratory in the past year as an aid to the Medical Staff in diagnosis and treatment of patients.

The following table shows a classification and the number of tests done in the Laboratory during the past biennium:

Bacteriology	7,921
Serology	11,780
Urinalysis	75,979
Parasitology	6,011
Spinal Fluids	6,821
Miscellaneous	270
Hematology	42,789
Chemistry	17,515
Phlebotomies	1,002
General Laboratory Totals	170,088
Autopsies	305
Autopsy Slides	1,711
Surgicals	853
Surgical Slides	1,372
Pathology Totals	4,241
Grand Total	174,329
Average Per Year	87,165

FUNERAL DEPARTMENT

This department, operating under the direction of a licensed funeral director and embalmer, serves this large institution in essentially the same manner as the average funeral home serves the community, providing embalming and shipping services as well as burial services. Where interment is to be made in the Hospital Cemetery, burial services are conducted by the Chaplain. Also, a small but modern chapel is maintained for the convenience of relatives who wish to attend funeral services here. The Hospital cemetery is well kept and permanent type markers are provided for each grave. Burials in our Hospital Cemetery average around one-third the number of deaths, since relatives do, in most instances, arrange for removal and burial elsewhere.

Autopsies are performed by our pathologist when authorized by the family and pertinent findings are recorded for the medical staff.

PHARMACY

The Pharmacy continues to gradually expand the variety of drugs stocked. This is the result of the ever increasing availability of new products by the drug manufacturers, and to the readiness of the Staff to utilize any approved products that give promise of help to the patients. This is particularly true in the antibiotic and ataratic fields. The constant new developments in those drugs used in psychiatric treatment have shown no tendency to diminish and most such products are given at least an honest period of evaluation, though not all remain in general use for long periods of time. There seems to still be need for the introduction of a few products that have a high specificity in the greatest number of cases of the most common types of psychiatric disorders.

At the close of the biennium the resident pharmacist resigned his position, but efforts are being made to obtain a qualified replacement as soon as such is possible. Needless to state, the competition for excellent pharmacists who would be suitable for a Hospital setting has been found to be extremely keen.

X-RAY SERVICE

Due to the purchase and installation of major equipment during the preceding biennium there has been no need for new machines to be acquired during this past two years period. There has been purchased and installed, however, a Condenser Roentgen Meter with 25 Roentgen Chamber. This needed safety device makes certain that only the exact dosage prescribed will be delivered by the X-Ray Therapy Unit.

Routine chest examinations on all new patients admitted to the Hospital have continued. The State Board of Health Yearly Chest Films on

all patients and employees was resumed after a slight lapse. It is our expectation that this very valuable service will continue uninterrupted in the future.

Diagnostic X-Ray Examinations during the biennium were as follows:

Chests	11,686
Extremities	1,803
Spines	431
Pelves	442
Skulls	446
Abdomens	506
Gall Bladders	115
G. I. Series	337
Colons	161
Urogram	164
Total X-Rays	16,091

Also during the biennium X-Ray Therapy Treatments have been given as follows:

Superficial (non-malignant) cases	56
Deep Therapy (malignant) cases	42

PSYCHIATRIC SOCIAL SERVICE DEPARTMENT

The Social Service Staff has gradually increased so at the end of this biennium all but two of our budgeted positions are filled. There was considerable turnover and one three month period when only two psychiatric social workers were on the staff. At present we have 4 psychiatric social workers, 3 social workers, 1 social work aide, 3 secretaries; also 1 student unit supervisor and 1 secretary provided by Florida State University Graduate Program in Social Work.

We continued to provide supervised field work experience for students in the Graduate Program of Social Work at Florida State University. During this period we had 11 first year students for fifteen weeks block placement, 8 second year students for six months, 1 second year student for fifteen weeks and 2 special second year students for two months, a total of 22 social work students. Two of the staff psychiatric social workers provided the supervision for three of the second year group for two months in the Summer of 1959. From January, 1955, through April, 1960, we have had 38 graduate students, 15 of whom prepared Master's Degree studies from social work research done while on placement at the Hospital. During this past year we achieved very adequate offices and all necessary equipment to accomodate a unit of six students.

The social work staff has provided an increasing amount of time to in-hospital training and educational programs for affiliate nurses, attendants, public health nurses; planning and conducting tours for mental health organizations and University groups, as well as speaking to local health, education, religious, and welfare groups, state mental health and social welfare conferences. This has amounted to an estimate of 750 hours.

Two of the staff have been active in group projects, one with a continuing group of blind white female patients on the general wards service and one with a group of colored male blind patients which group was activated this past year. The group of women meet weekly to listen to a talking book machine and discuss what they have heard and although there is not much movement in terms of preparing for hospital release the patients gain considerable satisfaction from having their own "special" group programs. The program of self-help and remotivation with the colored blind men has shown remarkable results in that over half of the original group of twelve has been able to return to their homes and communities better equipped to manage themselves as blind persons and the others have benefited considerably, with new members being added from time to time.

Social Service was active in planning for the release by Trial Visit, Discharge, Family Care Placement or Transfer of 135 patients during the second year of this biennium. Only 16 of these were returned to the Hospital during this same period. This planning consisted of social case work with the patients and relatives, and the use of proper community health, education, welfare, and rehabilitation agencies in the communities to which these patients were returning. The expanded and coordinated programs of agencies in many communities throughout the state in providing services to relatives of patients during hospitalization and continuing to include post hospital follow-up for patients have been responsible for many patients' successful readjustment back into their communities.

Since the beginning in 1956 of sending referrals on all patients going on Trial Visit, to their respective County Health Department for follow-up or explanation of other indicated local resources, social service has been responsible for the preparation of these forms. During the past two years, 2,446 such referrals have been processed, an increase of 763 over the previous biennium. Social Service is also responsible for completing information on some of the Social Security forms required by the Social Security Office, in order to determine eligibility for disability freeze or financial benefits on all patients admitted to the Hospital. During this biennium, 1,457 forms were processed, 465 more than the previous biennium. Considerable income is realized by the hospital for maintenance as well as spending money and future security for the patients through our providing the accurate data for the determination of eligibility for Social Security.

We have continued our liaison work with representatives from the Florida Council for the Blind, Social Security, Veterans Administration, Vocational Rehabilitation, Mental Health Workers from County Health Departments and have further assisted in the development of policies and procedures with the state offices of the Department of Public Welfare and Board of Health.

The statistical chart of social services shows that most of our services have been provided at the time of a patient's first admission or return to the Hospital. This consists of interviews with relatives who accompany the patient to the hospital, requests for prior medical reports and collection of all other data from outside resources which is useful to the Medical Staff in diagnosis and treatment planning. This contact provides for interpretation to family and community agencies and helps to keep the patient a part of the family and community. Social workers have talked with 1,899 relatives of 1,349 patients during the past two years, mostly at the time of admission of the patient, giving them this opportunity to release their feelings and concerns and to contribute information helpful to the total treatment and release planning for the patient. The original referral for service is the only one listed for each patient on this chart when actually several may be provided during the period of social service activity. Since September, 1954, we have developed 3,861 numbered social service active case folders and over 2,000 unnumbered brief service records indicating some help has been given to almost 6,000 patients.

Our Family Care Placement Program has been conducted on a rather limited basis, not only because of the comparatively small number of families interested in taking patients into their homes, but also to the relatively small percentage of family applicants that satisfactorily meet our placement requirements. Out of the 165 Family Care applications investigated by Social Service during the biennium, less than one fourth were considered as suitable. Such applications and placements require careful evaluation, close supervision from a social worker and maintenance of standards for proper benefits to the patient in order to accomplish the purpose of the program, which is the eventual rehabilitation of the patient to useful citizenship.

For work performed in the Social Service Department, reference is made to the following table:

TOTAL NUMBER OF PATIENTS RECEIVING SOCIAL SERVICES:	1958-1959	1959-1960	Total for Biennium
White men.....	483	488	971
White women.....	567	584	1151
Colored men.....	77	115	192
Colored women.....	65	55	120
TOTALS.....	1192	1242	2434
TYPE OF SERVICES RENDERED:			
Admission.....	748	689	1437
In Hospital:			
Personal Problems.....	164	218	382
Release Plans.....	90	130	220
Residence Investigations.....	82	68	150
Use of Other Resources.....	54	68	122
Post Hospital.....	54	69	123
TOTALS.....	1192	1242	2434
FAMILY CARE:			
On F. C. Beginning of Period.....	12	12	12
Placed during year.....	19	17	36
Returned to Hospital.....	12	12	24
Discharged.....	7	8	15
On F. C. End of Period.....	12	9	9
OTHER SERVICES:			
Interviews with patients, relatives & others:			
In Hospital.....	3378	4129	7507
Out of Hospital.....	7	45	52
Letters.....	3651	3541	7192
Social Histories received by mail.....	838	617	1455
Referrals to County Health Departments.....	1158	1288	2446
Social Security Forms Completed.....	772	685	1457
LECTURES:			
In Hospital.....	33	46	79
Out Hospital.....	12	20	32
Tours, Planned and Conducted.....			21
Group Sessions with Patients.....			52

OCCUPATIONAL THERAPY AND RECREATIONAL THERAPY

The Occupational Therapy Department, in conjunction with the other professional personnel of the Hospital community, has endeavored to establish the progressive concept of the "total" treatment program. This program is designed to meet the needs of the mentally ill person by providing opportunities to participate in normal situations and in well planned, diversified activities. To further the development of this concept into actual practice, the occupational therapy department has initiated a specialized treatment program, extended the occupational and recreational therapy services to a greater number of patients and re-evaluated existing services to provide an improved therapeutic treatment program. The immediate objective is to develop a program using the team approach.

In the occupational therapy clinics, an atmosphere which is conducive to recovery, containing minimal anxiety and maximum support, is established by utilizing individual and group activity programs. The patient is given the opportunity to satisfy his basic emotional needs: Security, independence, hostility, dependence, etc., by means of activities or the therapeutic relationships developed around the activities.

The occupational therapy department is responsible for therapeutic recreation for the total patient population. This is a definite advantage to the coordination of the recreational and occupational therapy programs. Through planned scheduling of these activities, a program has resulted that provides the individual patient a well rounded program. The recreation program includes: Ward parties; a dance twice a week; bingo parties with prizes; bus rides to scenic points; picnics; indoor and outdoor sports and games such as checkers, horseshoes, cards, softball, baseball, volleyball, ping-pong; movies in the recreation hall and on the wards.

A central library with approximately 15,000 volumes is maintained to meet the literary needs of the patient population. A wide selection of magazines and periodicals are made available to the patients. The central library is responsible for supplying eight branch libraries in various sections of the hospital with books for patients who cannot attend the central library. The patients who are assigned to the central library assist in the checking out of books and repair them when necessary. These patients also enjoy the use of the small kitchen located in the library building, where they may prepare coffee, cookies and other refreshments for their group parties.

With the total treatment picture in focus, the occupational-recreational therapy department has made additions to the program to provide more opportunities for a great number of patients to participate and express their needs. A specialized Occupational Therapy Program has been established in the receiving area designed to provide more individual treatments. A full-time Occupational Therapy aide has been placed in the colored male area to provide recreation and an occupational therapy program for this group. An occupational therapy program for the colored female group is supervised by an occupational therapy aide. In addition to the services provided by these three new programs, the occupational therapy department has nine other occupational therapy clinics and one beauty parlor. The staff includes an O. T. R. Director; one O. T. T. Assistant Director; eight O. T. Aides; two O. T. Instructors; two beauty operators; one librarian; one recreation supervisor and one music therapist. A secretary is employed, who is responsible for all stenographic work, departmental supplies, and the teaching of business education to prescribed patients.

The various volunteer groups who provide many activities for the patients are coordinated by the occupational therapy department. These

groups sponsor garden parties, birthday parties and during the Christmas Season, many additional parties and special events. In addition to the functions provided by various religious groups and women's clubs, the patients were feted during the Christmas Season with three dance revues, a band concert, a Christmas pageant, and a garden club party. The interest and enthusiasm of these volunteer groups help to keep the hospital and the community in close communication.

A program of lectures is provided by the occupational therapy department as part of the curriculum of the Interservice Education Program for employees. The O T Department also assumes the responsibility of teaching student nurses about O T through regular lectures, clinical observations and scheduled craft demonstrations. In these clinical observations the student nurse is given the opportunity to work with the patient, to observe their response to the therapeutic media and to learn how O T functions in the total therapeutic program.

Good progress has been made in the areas of occupational and recreational therapy during the biennium, through broadening these services to further reach into all patient departments of the hospital. At the same time it has not been possible to achieve adequate coverage in all areas because of our relatively small staff of therapy workers, which we hope may be further supplemented during the next biennium. Also the physical facilities for these forms of therapy are quite limited in some sections because of crowded conditions in these areas. It is planned that this problem will be overcome by inclusion of adequate therapy facilities in such new buildings as may be provided to replace the old overcrowded sections.



LOBBY OF PARK TRAMMELL BUILDING

VOCATIONAL REHABILITATION SERVICE

The Division of Vocational Rehabilitation of the State Department of Education has worked cooperatively with the Florida mental institutions for a number of years. The Rehabilitation Division is charged with the responsibility for assisting all types of handicapped people to become adjusted to suitable full-time occupations. In previous years and in the first half of this biennium the Division has assigned counselors to part-time work in the mental hospitals, including Florida State Hospital at Chattahoochee.

Mr. Henry Moore and Mr. Frank Echols were in charge of Vocational Rehabilitation at this Hospital during that period. These counselors were from the Tallahassee District Office, and spent two days a week at the hospital providing Vocational Rehabilitation Services to patients considered ready to return to the community and needing help in this area. The purpose of the Counselor was to initiate Vocational Plans while the patient was still hospitalized so as to prevent delay in receiving services when he returned to his community. Numerous summary reports were made on patients who had already left the hospital and were requesting help from the District Vocational Rehabilitation Offices in the State. The Counselor also worked with patients living in the Tallahassee District Office area, after leaving the hospital. In addition to the patients accepted for services, many evaluations were done to determine the work potential of the patient.

Early in the year 1960 the administrations of the State Mental Hospitals and the Division of Vocational Rehabilitation began making plans for establishing more effective and comprehensive services toward the job adjustment of persons suffering with emotional disorders. The staff members of both departments have attended together several meetings in neighboring states to observe and to learn what other states are doing about this problem.

By September of 1960 the Division of Vocational Rehabilitation will assign a full-time counselor to the Florida State Hospital in Chattahoochee. An office and clerical assistance will be furnished by the hospital, and the Rehabilitation counselor will move to the town of Chattahoochee in order that he might devote his full attention to this problem. It is felt that with the tremendous number of patients being admitted to and discharged from this institution that more adequate planning for their adjustment back into their local communities is essential. The Division plans, when funds are available, to expand this office to meet this need more adequately.

To further augment the cooperative effort toward the total rehabilitation of the mentally ill, a series of orientation conferences will begin in January, 1961. The Division of Vocational Rehabilitation will send twelve of its professional personnel to Chattahoochee for a three day period of participation in a program of orientation worked out by staffs of the Di-

vision and the Florida State Hospital. These three day conferences will take place each month until all of the professional staff of Vocational Rehabilitation has had opportunity to participate. It is felt that mutual understanding of the problems of total rehabilitation will be considerably improved by this series of work conferences.

Satisfactory job adjustment back into the local community is generally recognized to have important therapeutic values for the emotionally disturbed person. The intensive planning begun during this biennium indicates progress toward more adequate services in this area.

CHAPLAINCY

As outlined in the preceding biennial report, a full time Chaplaincy was instituted at the hospital on February 1, 1958, as the Rev. Paul Strickland came to work at the hospital. He remained until August 17, 1959, and was succeeded by the Rev. John Henry Chapman on September 12, 1959, who then continued in this capacity through the remainder of the biennium.

The Chaplain supervises the total non-sectarian religious program at the hospital, and conducts it with an interdenominational perspective.

Some idea of the scope of religious activities at the hospital may be gained from the following summary showing services for a typical month at the close of this biennium:

	Number of Services	Attendance
<u>Conducted by Hospital Chaplain:</u>		
General Services on Sundays and weekday services on wards	25	3,015
Hospital Devotional Services	16	300
Funeral Services	12	
<u>Conducted by Volunteer Ministers:</u>		
Episcopalian Services	12	600
Interfaith Sunday School Classes	5	261
Christian Science Services	1	33
Jewish Services	1	23
Roman Catholic Confession and Mass	1	125
Services for the deaf of all faiths	2	23
Totals	75	4,380

The overall purpose of our religious program is to provide active religious support for the patients as they rethink and re-evaluate their religious life while in the hospital. There is also the symbolic value that a religious program shows religion's interest in even those who are sick. Understanding the creative possibilities of religion makes it possible to provide a religious program that will have a positive therapeutic effect, for religion has always been an expression of man's deepest needs and highest aspirations.

The present Chaplain conceives of his work in four areas of responsibility: Religious Services; Funeral Services, "visiting", and other related activities. The program of religious services is aimed to reach as many patients as possible. The Chaplain's main service is the Sunday service in the recreation hall, but services are also held on all of the major ward areas each month. Devotional services with recorded music are held weekly on each of the hospital wards. Part of this program is meeting with choirs and with others who help to provide music for services. Part of this responsibility is also to facilitate the scheduling of denominational services so that members of these denominations may benefit from the unique contribution that their church has to offer them.

All funerals for patients who are buried at the Hospital are normally conducted by the Chaplain, except when a family requests a denominational minister. A letter of condolence is sent by the Chaplain to all the known relatives of those who die at the hospital, and the Chaplain visits with families that attend funerals.

Visiting of patients on the ward and at the hospital functions is carried on regularly, with more time proportionately spent with the critically ill, but including all departments of the hospital to some extent. No patient is refused an interview with the Chaplain.

The Chaplain participates in a number of other hospital activities and outside activities that only indirectly affect the patients. At the hospital he takes part in the training programs for student nurses and attendants, and in the orientation sessions for visiting groups. He has part in the Christmas pageant, attends some of the occupational and recreational therapies, and also becomes familiar with the medical activities of the hospital. He also sees the families of several patients each month.

Outside the hospital, the Chaplain participates in several activities that are conceived as related to his hospital position. He belongs to the local ministerial council, participates in two mental health groups, a professional group, and a civic group as a representative of his hospital position. He also interprets his contribution to the total hospital program on request of groups as diverse as Rotary International and the Future Homemakers of America within a range of up to 200 miles from the hospital.

The hospital receives donations of literature and other religious material which are greatly appreciated by the patients, and the addition of a Hi-Fi record player and records in the recent past has enabled us to bring a very high quality of religious music to the hospital wards.

DENTAL SERVICE

The Department of Dentistry has operated during the biennium with a Chief Dentist, an assistant chief dentist, six dental interns, a record clerk, a stock clerk, six dental assistants, four laboratory technicians and a maid.

Dr. Frank T. Scott, Dr. Jack K. Whitman and Dr. Winburn A. Shearouse have made regular visits to the dental infirmary lecturing and giving clinical demonstrations to interns. Dr. Scott has brought numerous other men for one day lectures on the various phases of dentistry. The efforts of all these visiting clinicians have brought about better service to the patients and a more complete training for the dental interns.

During the period a number of improvements and additions have been made. High speed air turbine dental equipment has been installed in six of the operating rooms, a second amalgamator has been placed in service, a new Furnamatic oven has been put into use in the laboratory and a new, large, dental cabinet has been installed in the chief dentist's operatory. Other additions are a large number of modern dental books, the use of recording tapes for lectures on important changes in the science of dentistry, audio equipment and a large collection of records for the enjoyment and relaxation of patients, a second autoclave to facilitate proper sterilization of instruments and the re-installation of benches in the patients' waiting room.

Following is a list of the work done in the various phases of dentistry during the period:

Examinations	21,421
Extractions	8,388
Oral Surgery	3,629
Treatments	16,475
General Anesthetics	34
Fracture cases	5
Oral Prophylaxis	1,707
Periodontal treatments	485
Root Canal fillings	41
Dentures relined	46
Study models	995
Dentures	1,079

Dentures repaired	636
Denture adjustments	2,983
Fixed bridges	350
Bridge repairs	53
Crowns and jackets	81
Gold inlays	32
Amalgam fillings	11,647
Porcelain fillings	1,311
Gold foil fillings	241
Full mouth X-Rays	1,013
Bite wind and single X-Rays	12,040
Occlusal and lateral jaw X-Rays	826
Hospital or Ward visits	1,125

MOVEMENT OF PATIENT POPULATION

	July 1, 1958 to June 30, 1959	July 1, 1959 to June 30, 1960
ADMISSIONS:		
On New Commitment from:		
County Courts	1,503	1,177
Circuit and Criminal Courts and Court of Record	112	78
Certifications	1	25
Voluntary Admissions	21	20
Readmitted on Former Commitment	9	9
Returned from Trial Visit	631	716
Returned from Escape	25	26
Transferred from Other Divisional Hospitals	4	12
Admitted while on Trial Visit from Other Div. Hosp.	1	
Babies Born	11	14
Transferred from Non-Divisional State Institutions		2
TOTAL ADMISSIONS	2,318	2,079
SEPARATIONS:		
Released on Trial Visit	1,504	1,432
Discharges:		
By Staff	158	153
For Transfer to VA Hospitals	79	57
For Transfer to Other States	31	38
For Return to Court	34	36
Certified Patients		13
Voluntary Patients	21	21
Transfers to Other Divisional Hospitals		74
Transfers to Non-Divisional Hospitals	10	13
Escaped	44	33
Patients Died	413	486
Babies Sent Home	13	13
Babies Died		1
Other	2	2
TOTAL SEPARATIONS	2,309	2,372
Net Increase or-Decrease in Population	9	-293
Population Beginning of Period	6,680	6,689
POPULATION END OF PERIOD	6,689	6,396
AVERAGE NUMBER OF PATIENTS	6,679	6,495

PSYCHOSES OF ADMISSIONS

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total	WM	WW	CM	CW	Total
ACUTE BRAIN SYNDROME ASSOCIATED WITH:										
1. Alcoholic Intoxication	12	1	8	2	23	14	2	6	3	25
2. Drug or Poison Intoxication (except alcohol)	4		2		6	1	3			4
3. Convulsive Disorder	1		1		2	1				1
4. All other Conditions	6	3		3	12		1	1	2	4
5. TOTAL ACUTE BRAIN SYNDROMES	23	4	11	5	43	16	6	7	5	34
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
6. Diseases and Conditions due to Prenatal (constitutional) Influence		2			2		1			1
7. Meningoencephalitic Syphilis	6		14	1	21	4	3	2	3	12
8. Other CNS Syphilis	2				2	2				2
9. Epidemic Encephalitis	3				3					
10. Other Intracranial Infections			1		1		1	1		2
11. Alcohol Intoxication	7	4	5	3	19	4	3	3		10
12. Drug or Poison Intoxication (except alcohol)	2				2			1		1
13. Birth Trauma	2	1			3	1	1			2
14. Other Trauma	12	4	2	1	19	5	1		1	7
15. Cerebral Arteriosclerosis	45	42	43	29	159	48	43	31	22	144
16. Other Circulatory Disturbances	9	5			14	13	3			16
17. Convulsive Disorder	13	19	6	6	44	8	6	6	2	22
18. Senile Brain Disease	53	63		1	117	75	66		3	144
19. Other Disturbances of Metabolism, Growth and Nutrition	6	8		1	15	1	1			2
20. Intracranial Neoplasm										
21. Diseases of Unknown and Uncertain Cause	1	2	5		8	20	1	2		23
22. Chronic Brain Syndrome of Unknown Cause	2	1			3		1	2		3
23. TOTAL CHRONIC BRAIN SYNDROMES	163	151	76	42	432	181	131	48	31	391
PSYCHOTIC DISORDERS:										
24. Involutional Psychotic Reaction	12	66	2	10	90	19	43		8	70
25. Manic Depressive Reactions	20	59	6	9	94	24	48	3	1	76
26. Psychotic Depressive Reaction	3	15		1	19		12		1	13
27. Schizophrenic Reactions	165	191	65	75	496	172	181	25	40	418

PSYCHOSES OF ADMISSIONS—Continued

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total	WM	WW	CM	CW	Total
28. Paranoid Reaction.....	8				8	3	4			7
29. Others.....										
30. TOTAL PSYCHOTIC DISORDERS.....	208	331	73	95	707	218	288	28	50	584
31. PSYCHOPHYSIOLOGICAL AUTONOMIC AND VISCERAL DISORDERS.....		3			3	1				1
32. PSYCHONEUROTIC REACTIONS.....	26	31	1	1	59	23	26			49
PERSONALITY DISORDERS:										
33. Personality Pattern Disturbance.....	1	3			4	2	3			5
34. Personality Trait Disturbance.....	3	6	6		15	1	6			7
35. Antisocial Reaction.....	18	8	3		29	4	1	1		6
36. Dyssocial Reaction.....	4	1			5		1			1
37. Sexual Deviation.....	11	2			13	15	1	1		17
38. Alcoholism (Addiction).....	59	18	2		79	52	5	2		59
39. Drug Addiction.....	7	4			11	3	4			7
40. Special Symptoms Reactions.....			1		1					
41. TOTAL PERSONALITY DISORDERS.....	103	42	12		157	77	21	4		102
42. TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	5	2			7	2	1			3
43. MENTAL DEFICIENCY.....	57	15	11	18	101	27	14	6	11	58
44. MENTAL DISORDER, UNDIAGNOSED.....	36	8	46	32	122	2	31	41	16	90
45. WITHOUT MENTAL DISORDER.....	2	7	2	10	21		8	2	7	17
46. GRAND TOTAL.....	623	594	232	203	1,652	547	526	136	120	1,329

ADMISSIONS BY COUNTIES

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total	WM	WW	CM	CW	Total
Alachua.....	13	13	7	6	39	4	4	1	1	10
Baker.....	1	2	2	1	6	1	1		5	7
Bay.....	12	22	6	4	44	20	14	3		37
Bradford.....	3		1	1	5	3		1		4
Brevard.....	10	18	3	4	35	9	13	3	1	26
Broward.....	1	2	2		5	1				1
Calhoun.....	3	2		1	6	2	6	1		9
Charlotte.....	2		1	1	4	1		1		2
Citrus.....	4	6		1	11	1	5	1	1	8
Clay.....	2	4	1		7		2			2
Columbia.....	6	14	5	3	28	6	6	1	2	15
Dade.....	19	2	5		26	5	1		1	7
DeSoto.....	1		2		3	1			1	2
Dixie.....	2	2			4		1			1
Duval.....	55	39	25	23	142	21	17	7	5	50
Escambia.....	47	37	14	14	112	61	56	15	16	148
Flagler.....	4				4	2	1			3
Franklin.....	2	2			4	2	6	2	3	13
Gadsden.....	12	15	11	15	53	20	20	9	11	60
Gilchrist.....						1	1			2
Glades.....	1				1					
Gulf.....	2	2			4	3	2	2	2	9
Hamilton.....	2	2	1		5	3	5	1		9
Hardee.....				2	2	2				2
Hernando.....	2	1			3		3			3
Highlands.....	1	1	4	2	8	1	2	1	1	5
Hillsborough.....	51	34	17	24	125	38	47	11	12	108
Holmes.....	18	7	2		28	8	7		1	16
Indian River.....	5	5	2	1	13	11	4	2	1	18
Jackson.....	21	14	5	9	49	23	12	7	8	50
Jefferson.....	1	2	4	3	10	7	4	5	2	18
LaFayette.....	1	2			3	5	3			8
Lake.....	12	15	6	1	34	10	19	3	2	34
Lee.....	2	4	2	7	15	2	1	2	2	7
Leon.....	27	25	11	15	78	22	31	14	12	79
Levy.....	3	2		1	6	3	1		1	5
Liberty.....		5			5	1			1	2
Madison.....	4	6	4	5	19	8	8	1	5	22
Manatee.....	9	12	1	1	23	9	13	1	2	25
Marion.....	17	20	4	4	45	8	2	3	1	14
Nassau.....		1	1		2				1	1
Okaloosa.....	31	21	2		54	14	15	2	2	33
Orange.....	43	49	17	9	118	27	31	6	2	66
Osceola.....	4	3	2		9	1	1		1	3
Palm Beach.....	3		1		4	3	2	1		6
Pasco.....	5	6		4	16	5	8			13
Pinellas.....	29	56	7	10	102	37	37	5	2	81
Polk.....	10	18	16	14	58	17	18	7	2	44

ADMISSIONS BY COUNTIES—Continued

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total	WM	WW	CM	CW	Total
Putnam.....	15	5	2	2	24	13	8	2		23
Santa Rosa.....	8	8			16	5	7			12
Sarasota.....	13	10	2	4	29	8	7	1	4	20
Seminole.....	10	4	4	2	20	3	10	4	2	19
St. Johns.....	5	11	2	1	19	6	6	1		13
St. Lucie.....						2				2
Sumter.....	2	2	1		5	1	5			6
Suwannee.....	7	5	1	3	16	11	7			18
Taylor.....	5	5		1	11	12	5		1	18
Union.....	13		8		21	17	2	3		22
Volusia.....	21	32	11	2	66	21	22	2	1	46
Wakulla.....	3	1	2	1	7			1		1
Walton.....	9	9	2		20	10	13	3	1	27
Washington.....	8	9	2	1	20	9	4		1	14
Other States.....	1				1					
TOTALS.....	623	594	232	203	1,652	547	526	136	120	1,329

DEATH RATE AT THE FLORIDA STATE HOSPITAL
OVER A PERIOD OF FOURTEEN YEARS

Fiscal Year	Patients Treated During Year	Deaths During Year	Death Rate per 1,000 Patients
1959-60.....	8,768	486	55.4
1958-59.....	8,998	413	45.9
1957-58.....	9,347	512	54.7
1956-57.....	8,804	445	50.5
1955-56.....	8,877	452	51.0
1954-55.....	8,569	445	52.0
1953-54.....	8,321	348	41.8
1952-53.....	7,905	379	47.9
1951-52.....	7,649	393	51.3
1950-51.....	7,318	335	45.7
1949-50.....	7,035	391	55.5
1948-49.....	6,449	348	53.9
1947-48.....	6,526	385	59.0
1946-47.....	6,494	411	63.3



DINING ROOM IN RECEIVING AND INTENSIVE TREATMENT BUILDING FOR WOMEN

FOOD SERVICES

The huge and important task of preparing meals to serve the needs of this large hospital is performed in six food preparation areas serving various sections of the hospital. During the two year period under report these kitchens have processed into meals food items valued at \$3,753,009.

Listed below are the various food preparation centers, along with the hospital areas they serve and a brief summary of activities:

GENERAL KITCHEN—This, the largest of our food service departments, processing some 16,000 meals per day, is operated under the management of a chief steward and serves the continued treatment section of our hospital. General cold storage facilities for meats and other perishable food items, as well as the meat market through which meats are fabricated for use in the various kitchens, are located in this department. Also located in this area is our bakery, which produces loaf bread for the entire institution and for Apalachee Correctional Institution at savings of more than 50% below prices we might expect to pay if purchased on the open market. In addition to production of approximately 3,000 loaves of bread per day, our bakery produces considerable quantities of other bread and cake items.

DIET KITCHEN—This food service is operated under supervision of a registered dietitian and serves the medical and surgical sections of the hospital. Meals totaling approximately 1,350, including many special diets, are prepared each day in this kitchen.

GRAY KITCHEN—This kitchen is operated under the management of the Chief Steward, with an assistant steward in direct supervision, and serves the receiving and intensive sections of our hospital. Approximately 1,550 meals per day are prepared and served from this kitchen.

PARK TRAMMELL INFIRMARY KITCHEN—Preparing and serving approximately 1,620 meals per day, this kitchen serves the large geriatrics building by this name. The kitchen is operated under management of the dietitian and supervised directly by an experienced food service matron.

AMOS INFIRMARY KITCHEN—Approximately 1,130 meals per day are prepared and served from this kitchen, which serves the geriatrics building by this name. The management and operation of this food service is under an experienced steward.

TUBERCULOSIS HOSPITAL KITCHEN—Operated under the management of the dietitian, assisted by an experienced food service matron, this kitchen prepares approximately 700 meals per day in the tuberculosis section of our hospital.

CONSTRUCTION DEPARTMENT

The general functions of this department include repairs and maintenance of all buildings and furniture, erection of small buildings and ad-

ditions to existing buildings, as well as major projects involving complete renovation and remodeling of old buildings having large floor areas. During the first year of the biennium the department also operated a saw mill and shoe repair shop, these operations being transferred to Apalachee Correctional Institution July 1, 1959. Following is a summary of notable projects accomplished by our construction department during the biennium under report:

Built 3 summer sheds in Tuberculosis Hospital yard; completely rebuilt farm dwelling; built new lumber storage shed & fence around lumber yard; rebuilt 3 auto garages; built new toilet & bath facilities at power plant; added new bedroom to residence #177 and to residence #303; built boiler room addition to fire station, new reducing valve addition to commissary and new transformer vault addition to general kitchen; built toilet facilities at horticulture department; installed new asphalt shingle roof on dining room for white male patients and on large portion of #12 continued treatment building for white female patients; installed terrazzo flooring in steam cooker space and can washer room in general kitchen, replacing worn quarry tile floors; repaired section of continued treatment building #7 for white female patients, including remodeling and renewals of furniture and fixtures in Ward O serving area; began renovation and remodeling of center section of Continued Treatment Building #37 for colored male patients, involving some 27,000 square feet of floor areas, replacing old interiors with concrete-steel construction, including new roof, enclosing porches, installing new windows and construction of new bath room facilities totaling approximately 2,500 square feet of floor area; began construction of new residence for superintendent.

In addition to the above, smaller jobs too numerous to list, such as replacing of window glass and screens, repairs to floors, painting, repair and replacement of locks, repair of furniture, etc., are handled from day to day as the need arises.

During the first year of the biennium our saw mill produced 317,604 board feet of lumber from timber grown on hospital lands, 18,879 board feet of which was furnished to our Hospital at Arcadia and 143,240 board feet to Apalachee Correctional Institution. During the last year of the biennium the saw mill was operated under management of Apalachee Correctional Institution.

The Carpenter shop engages in various types of woodwork, producing doors, windows, lockers, cabinets, shelving, chairs, desks, counters, tables and other items used by the hospital at Chattahoochee, as well as certain items of furniture for the Hospital at Arcadia. Furniture repairs are also handled in this shop.

The Sheet Metal shop handles such sheet metal work as is required in normal repairs and remodeling of buildings by our construction forces, as well as repairing metalware for the various departments.

The Mop and Broom shop operated in this department produced 16,163 mops and 9,736 brooms during the biennium.

A paint crew is employed full time in the painting of the many hospital buildings and various items of furniture and equipment.

Contractual construction projects completed or in progress during this biennium are listed below:

New 60,000 lb. per hour boiler and new 2500 KW Turbo-generator installed in Power Plant.

New Ward Building, approximately 300 bed capacity, replacing old ward section in White Male continued treatment area.

ENGINEERING DEPARTMENT

The Engineering Department has the responsibility of operating and maintaining plant utilities and distribution systems furnishing steam, electricity, water, ice and communications, as well as general maintenance of refrigeration, television and other mechanical and electrical equipment serving the institution.

Plant records show the following production figures for the biennium: Steam 1,057,527,300 lbs.; Electricity, 25,384,360 KW Hours; Water, 1,461,510,300 gallons; Ice, 4,100 tons.

The installation of a new 2500 KW Turbo-generator and a new 60,000 lb. per hour boiler, completing modernization of our Steam and Electric Plant, has greatly improved the efficiency and reliability of our plant. We feel that our plant is now adequate to serve the needs of the institution for at least ten years without major replacements or additions.

FIRE DEPARTMENT

The Fire Department has continued its program of inspections and fire prevention practices and can again report excellent experience in the suppression of fires within the institution.

Fire losses during the two year period have amounted to only \$282.59, the greater portion of which was occasioned by bed fires. \$48.84 of this amount resulted from employees smoking in bed and these losses were assessed against the persons responsible.

The department has the responsibility of maintaining all fire extinguishers and fire hoses within the buildings as well as all fire fighting equipment assigned to the department. Also, a nightly sprinkler supervisory watch service is maintained.

In addition to this work, the department has continued to conduct training programs for full time and voluntary firemen, and each in-service employees class includes instruction by the fire chief in fire prevention and fire safety.

HORTICULTURE AND GROUND MAINTENANCE

This department is responsible for the general up-keep and beautification of our hospital grounds. The work performed involves the tending and replacement of shrubbery and flowers, the mowing of large lawned areas, the care of trees and such landscaping as may be required.

GENERAL SANITATION

Our sanitary department, operated under supervision of a registered sanitarian and licensed pest control operator, has the responsibilities of general sanitation for the entire institution. The major functions of this department are explained below.

PEST CONTROL: All buildings on the hospital grounds are serviced regularly for the control of insects and rodents. The various types of insecticides used, such as space, contact and residual sprays, as well as rodenticides, are compounded by this department, resulting in considerable savings to the institution.

INSPECTIONS: Monthly inspections are made of all dormitory and food service areas for the purpose of rating sanitary conditions and making such corrections as may be indicated.

INSTRUCTION TO FOOD HANDLERS: Short courses are held from time to time for the purpose of instructing new employees of the various food service areas in the handling, preparation and serving of foods from the standpoint of good sanitation and certificates are issued to those successfully completing the course.

GARBAGE COLLECTION: Garbage is collected daily from all areas of the institution and twice daily from the food service departments. Kitchen swill is processed in our swill cooking plant for feeding to the swine herd and dry garbage is hauled to a disposal area where it is burned. Our swill cooking plant has two 1000-gallon steam jacketed kettles capable of producing temperatures up to 220 degrees, plus the necessary equipment for cleaning and sanitizing garbage cans, as recommended by the State Livestock Sanitary Board.

SEWAGE TREATMENT: Our sewage treatment plant handles approximately 2,000,000 gallons of sewage per day and does a very efficient job of delivering a clear and low BOD effluent. The plant is of the modern activated sludge type with nine mechanical fin type aerators, primary and secondary clarifiers and separate primary and secondary digesters.

LAUNDRY DEPARTMENT

Our Laundry has continued to serve the hospital in an efficient and economical manner. Production records show that 14,142,800 pounds of laundry were processed during the biennium at an average cost of \$.0232 per pound.

Equipment purchases during the biennium consisted of one used fifty inch extractor to supplement existing equipment and one new twelve compartment washing machine to replace one of the old worn out washers.

FARMING OPERATIONS

Report of these operations covers only the period from July 1, 1958, through June 30, 1959, after which date all farm and dairy properties, including farm lands and timber lands as well as supplies and equipment, were transferred to the Division of Corrections for operation by the Apalachee Correctional Institution.

Since the transfer such items of produce have continued to be available to the hospital through purchase from Apalachee Correctional Institution. This arrangement has worked out quite satisfactorily for the hospital and has, at the same time, fulfilled the needs of the correctional institution for additional work programs.

Following is the production report covering the first year of this biennium during which the mentioned operations were conducted under the management of the hospital:

FARM PRODUCTION

		Quantity	Amount	Total
Fresh Vegetables.....	lbs.	997,671	\$58,986.00	
Cantaloupes.....	lbs.	6,114	"733.68	
Pecans.....	lbs.	1,614	403.50	
Potatoes, Irish (New).....	lbs.	88,627	3,874.26	
Potatoes, Sweet.....	lbs.	109,714	8,777.12	
Watermelons.....	only	3,885	971.25	
Corn.....	bu.	25,000	33,750.00	
Cotton.....	lbs.	4,653	1,628.55	
Ensilage.....	tons	340	2,720.00	
Hay.....	bales	5,000	5,000.00	
Oats, Seed.....	lbs.	108,378	758.65	
Rye.....	lbs.	5,680	122.12	
Cottonseed Meal.....	sx.	18	58.98	
Services to Other Departments.....			1,990.59	
Pasturage for Hogs and Cattle.....				\$119,774.70
				5,400.00
HOG FARM:				
Hogs Sold and Issued.....	1,281 Head	301,010 lbs.		51,680.96
DAIRY:				
Milk Produced.....		237,957 gals.	\$135,564.10	
Cattle Sold.....	95 Head	97,640 lbs.	14,010.39	
Calves Sold.....	171 Head		1,040.50	
				150,614.99
BEEF HERD:				
Cattle Sold.....	40 Head	18,895 lbs.		4,556.73
TOTAL PRODUCTION.....				\$332,027.38

Following are the production reports of our Sewing Room and Mattress Factory for the Biennium:

SEWING ROOM

	Quantity	Amount	Total
Clothing Manufactured:			
Dresses	19,750	\$38,977.31	
Chemise	23,123	24,134.92	
Gowns	17,420	25,624.36	
Other	12,459	13,328.46	
			\$102,065.05
Bed Linens Manufactured:			
Sheets	22,194	32,291.72	
Pillow Cases	16,607	7,072.66	
			39,364.38
Other Linens Manufactured:			
Towels, Hand	25,717	4,486.43	
Miscellaneous Items	5,572	5,149.80	
			9,636.23
TOTAL PRODUCTION			\$151,065.66

MATTRESS FACTORY

	Quantity	Amount	Total
Bedding & Linen Items:			
Mattresses, 8 oz. Cotton	2,030	\$35,250.00	
Mattress Covers—Rubberized	1,621	8,510.25	
Mattresses—Rubberized	195	3,642.50	
Cot Pads	10	71.90	
Pillows, 8 oz. cotton	1,305	4,050.00	
Pillows—Rubberized	680	1,700.00	
			\$53,224.65
Miscellaneous Items:			
Aprons, Cloth	320	407.01	
Aprons—Rubberized	203	368.16	
Laundry Bags	113	329.78	
Chair Cushions	259	555.88	
Tarpaulins	3	23.97	
Other Items	302	1,039.39	
Upholstering, Repair Venetian Blinds, Etc.		10,680.03	
			13,404.22
TOTAL PRODUCTION			\$66,628.87



G. PIERCE WOOD MEMORIAL HOSPITAL

Arcadia, Florida

F. E. DAVES, M.D., Superintendent



RECEIVING AND INTENSIVE TREATMENT BUILDING FOR WOMEN

DEPARTMENT HEADS AND MEDICAL STAFF

F. E. Daves, M.D.	Superintendent
A. P. Holloman	Administrative Assistant
Louis F. Verdel, M.D.	Clinical Director
R. G. Kibbey, M.D.	Psychiatrist
J. M. Metry, M.D.	Psychiatrist
V. J. Frallicciardi, M.D.	Psychiatrist
V. H. Simecek, M.D.	Psychiatrist
R. A. Lopez, M.D.	Psychiatrist
A. Friend, M.D.***	Psychiatrist
A. D. Migliore, M.D.	Physician and Surgeon
J. W. Duff, D.D.S.	Dentist
R. M. Wheeler, D.D.S.	Dentist
N. R. King, D.D.S.*	Dentist
Janet B. Gammage	Secretary to Superintendent
Marshall T. Whidden	Business Manager
D. M. Reed	Accountant
W. E. Rushing	Paymaster
Florida P. Trump	Cashier
Rev. J. J. Martin	Chaplain
Mary F. Robertson	Psychologist
Kathryn M. Edwards, R.N.	Operating Room Supervisor
Elizabeth S. Allgood, R.N.	Chief Nurse, Carlstrom Infirmary
Elizabeth W. Mahone, R.N.	Chief Nurse, Dorr Infirmary
O. E. Harden	Supervisor, WMCTS
H. E. Blake, R.N.	Supervisor, WMGS
Jean A. Wood, R.N.	Supervisor, Intensive Treatment
Mary J. Hill, R.N.	Supervisor, WFCTS
Alvie Spearman	Supervisor, WFCTS, Dorr
Flossie D. Bishop, R.N.	Supervisor, WFGS, Dorr
John A. Walters	Steward
C. W. Edwards	Commissary Manager
D. S. Shepard**	Maintenance Engineer
Robert W. Thomas	Maintenance Engineer
Walter R. Smith	Laundry Supervisor
C. K. Gardner*	Laboratory Technician
T. M. Helmick	X-Ray Technician
E. C. Wey	Drug Clerk
E. W. NeSmith	Occupational Therapist
Guyula Stallings	Occupational Therapist
Lessie Hansel	Occupational Therapist, Dorr
Nell Bolling	Recreational Director, Dorr
James C. White	Recreational Director

* Resigned

** Retired

*** Transferred to Other Divisional Hospitals

GENERAL INFORMATION

The G. Pierce Wood Memorial Hospital is located in DeSoto County, near Arcadia. It has two divisions—Dorr, located on State Highway No. 70, 13 miles East of Arcadia, and Carlstrom, located on State Highway No. 31, 7 miles southeast of Arcadia. The two divisions are some 16 miles apart. The land and original installations at these sites were formerly the property of the U. S. Government, and were used as Air Force Training Bases. These properties were acquired by the State of Florida in 1946, and conversion of buildings for use in the care and treatment of patients was completed in 1947. This hospital operated as a branch of the Florida State Hospital, Chattahoochee, from the date of establishment until July 1, 1957. The 1957 Legislature authorized the establishment of the hospital as a separate institution under the Division of Mental Health.

At the end of the biennium the Carlstrom division had a bed capacity of 1,181 and the Dorr division had a capacity of 687 beds. The majority of plant additions, since the inception of the hospital, have been made at Carlstrom, thus increasing the size considerably over that of Dorr. The Administrative Office, surgical facilities, maintenance shops, laundry and other principal services are located at Carlstrom. A new medical-surgical hospital is presently being constructed at Carlstrom.

Planning money was appropriated by the 1959 legislature for preliminary plans to provide facilities at the Carlstrom division for the transfer of patients now at the Dorr division and thus release facilities at Dorr to the Division of Corrections for use as prison facilities. The preliminary plans were started at the end of this biennium and funds will be requested of the next legislature to effect this transfer. Consolidation of the two divisions at Carlstrom will prove to be more economical by the elimination of duplicated services and constant travel between the two divisions. It will also enable us to utilize professional and other personnel to a better advantage and thus permit us to improve our treatment program.

During the biennium covered by this report, we have completed construction and occupied at the Carlstrom division, an Intensive Treatment Building (72 beds) Womens Division; a new commissary building; a 100,000 gallon elevated water tank, and considerable improvements to the water and sewage system. There is now under construction at Carlstrom, a three-story Medical-Surgical Building, providing 165 beds for the acutely and chronically ill patients. This building will provide space for x-ray department, laboratory, operating rooms, as well as offices for the Administrative division. We expect to occupy this building by July 1, 1961.

MOVEMENT OF PATIENT POPULATION

On July 1, 1958, the patient population was 1,597. On June 30, 1960, the patient total was 1,663; a gain of 66 for the biennium.

During the first year of the biennium, we admitted 688 patients and during the second year 718; a total of 1,406 for the two years. These figures include admissions in every category; court commitments, returns from trial visit; transfers from other institutions, admissions on order of certification, voluntary admissions, and returns from escape.

Separations totaled 652 the first year and 688 the second year; a total of 1,340 for the biennium. Of this number, 123 were discharged by the staff, 199 discharged after one year on trial visit, 280 died, and other separations were by escape, transfers, etc.

MEDICAL DIVISION OF HOSPITAL

At the end of the biennium, the Medical Staff consisted of 8 psychiatrists and physicians, including the Superintendent and Clinical Director. During the period we employed two physicians and one resigned. The Medical Staff holds regular diagnostic and treatment conferences on new admissions and for the release of patients.

An active program of psychiatric treatment is maintained. Patients receive psychiatric drug therapy, electro-convulsive therapy, individual or group psychotherapy, and other allied activities therapy. There has been a marked decrease in the number of electro-convulsive treatments in this biennium with a corresponding increase in the number of patients receiving drug therapy. In the current biennium 2,004 electro-convulsive treatments were given as compared to 2,851 treatments in the last biennium. At the end of the present biennium, approximately 50% of the resident patient population were on tranquilizing drugs as compared to 35% at the end of the last biennium. A new Intensive Treatment Hospital with 72 beds was activated in January, 1959. One wing of this building with 36 beds was converted to a receiving area for white women and the remaining 36 beds utilized for an intensive treatment area for white women. The results from the treatment program in this new facility have been gratifying.

The medical-surgical facilities consist of an infirmary at Dorr for mild treatment cases and an infirmary at Carlstrom, which includes 18 beds for men's receiving. In the two infirmaries, there are 56 beds for women patients, 42 for men patients and 12 beds for employees. Each infirmary contains an emergency room, operating room, drug room, X-Ray department and laboratory, however the main operating room is located at Carlstrom. Physical examinations are conducted for all new personnel and medical attention provided for employees to the extent of services available.

All major surgical procedures are carried on at the Carlstrom Division. Operative procedures for the biennium were as follows:

	<i>Major</i>	<i>Minor</i>
General Surgery	34	107
Gynecology	1	1
Urology	2	2
Orthopedics	2	3
Total	39	113

Miscellaneous surgery and emergency room treatments given were as follows:

Ambulatory Treatments	28,178
Blood Transfusions	77
Immunizations	4,740
Examinations (various)	1,509
Sterile Trays Prepared	8,283
Ultra Violet Treatments	93
Infra Red Therapy	148

There have been no serious outbreaks of contagious or infectious diseases among patients or employees during the period covered in this report. We have been able to maintain a good standard of physical health.

CLINICAL LABORATORIES

Two clinical laboratories, one at each division, are maintained. Tests performed during the biennium:

Bacteriology	1,500
Serology	1,650
Hematology	7,500
Chemistry	1,890
Parasitology & Urinalysis	4,810
Total	17,350

PSYCHOLOGY DEPARTMENT

We have had a full time Psychologist for the past two years. The Psychologist has a full program underway in the psychological investigation of patients referred by the staff members.

X-RAY DEPARTMENT

X-ray departments are maintained at both divisions. A qualified x-ray technician is employed. Film reading is done by the Medical Staff. Patients requiring x-ray and radium therapy are sent to the Cancer Clinics located in nearby cities.

Following is a list of the work accomplished:

X-rays	3,005
Included in the above:	
G. I. Series	75
Gall Bladder Series	15
I. V. Pyelograms	23
Electrocardiograms	266
Basal Metabolism	21

PHARMACY

The Pharmacy has carried an adequate stock of drugs. The Drug Clerk is responsible for the requisitioning and issuing of all drugs used in the hospital. There are two drug rooms, one at Carlstrom and one at Dorr.

DENTAL DEPARTMENT

Dental facilities consist of two chair units at Carlstrom and Dorr. The total number of sittings for the period was 10,653. We have installed three new dental units, replacing old units.

OCCUPATIONAL AND RECREATIONAL THERAPY

Our occupational and recreational departments enjoy cordial relationships with outside organizations interested in this work.

There are approximately 100 patients assigned by ward physicians to our three O. T. departments at the present time.

At the end of the biennium, 456 patients were assigned to some form of occupational therapy.

The hospital maintains a good recreational program. Large group activities consist of dances and card parties, attended by men and women. TV is available, as well as movies. Softball is played by both men and women patients.

Reading material is available from the libraries. We have had fine cooperation from outside church and club groups in building up our libraries as well as making donations of TV units and other equipment for the pleasure of our patients.

MOVEMENT OF PATIENT POPULATION

	July 1, 1958 to June 30, 1959	July 1, 1959 to June 30, 1960
ADMISSIONS:		
On New Commitment from County Courts	367	401
Certifications		6
Voluntary Admissions		1
Returned from Trial Visit	302	290
Returned from Escape	9	12
Transferred from Other Divisional Hospitals		1
Admitted while on Trial Visit from Other Div. Hosp.	10	7
TOTAL ADMISSIONS	688	718
SEPARATIONS:		
Released on Trial Visit	422	464
Discharges:		
By Staff	64	59
For Transfer to VA Hospitals	2	5
For Transfer to Other States	3	3
Certified Patients		2
Transfers to Other Divisional Hospitals	2	6
Transfers to Non-Divisional Hospitals		1
Escaped	16	11
Patients Died	143	137
TOTAL SEPARATIONS	652	688
Net Increase or-Decrease in Population	36	30
Population Beginning of Period	1,597	1,633
POPULATION END OF PERIOD	1,633	1,663
AVERAGE NUMBER OF PATIENTS	1,603	1,651

PSYCHOSES OF ADMISSIONS

G. PIERCE WOOD MEMORIAL HOSPITAL, ARCADIA

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	July 1, 1958 through June 30, 1959			July 1, 1959 through June 30, 1960		
	WM	WW	Total	WM	WW	Total
ACUTE BRAIN SYNDROME ASSOCIATED WITH:						
1. Alcohol Intoxication.....				6		6
2. Drug or poison intoxication (except alcohol).....				1		1
3. Convulsive Disorder.....						
4. All other Conditions.....				1		1
5. TOTAL ACUTE BRAIN SYNDROMES.....	0	0	0	8	0	8
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:						
6. Diseases and Conditions due to Prenatal (constitutional) influence.....						
7. Meningoencephalitic Syphilis.....		3	3			
8. Other CNS Syphilis.....						
9. Epidemic Encephalitis.....						
10. Other Intracranial Infections.....						
11. Alcohol Intoxication.....	7	6	13	13	6	19
12. Drug or Poison Intoxication (except alcohol).....	1		1			
13. Birth Trauma.....				1		1
14. Other Trauma.....		1	1		1	1
15. Cerebral Arteriosclerosis.....	47	34	81	52	39	91
16. Other Circulatory Disturbance.....	7	5	12	6	8	14
17. Convulsive Disorder.....	9	3	12	5	5	10
18. Senile brain disease.....	30	26	56	13	39	52
19. Other Disturbance of Metabolism, Growth, and Nutrition.....	5	2	7	5	6	11
20. Intracranial Neoplasm.....						
21. Diseases of Unknown and Uncertain Cause.....						
22. Chronic Brain Syndrome of Unknown Cause.....						
23. TOTAL CHRONIC BRAIN SYNDROMES.....	106	80	186	95	104	199

PSYCHOSES OF ADMISSIONS—Continued

74

G. PIERCE WOOD MEMORIAL HOSPITAL, ARCADIA

	July 1, 1958 through June 30, 1959			July 1, 1959 through June 30, 1960		
	WM	WF	Total	WM	WF	Total
PSYCHOTIC DISORDERS:						
24. Involutional Psychotic Reaction.....	4	16	20	6	16	22
25. Manic Depressive Reaction.....	5	12	17	10	13	23
26. Psychotic Depressive Reaction.....	2	4	6	4	3	7
27. Schizophrenic Reactions.....	31	36	67	34	46	80
28. Paranoid Reactions.....	1	3	4		1	1
29. Other.....						
30. TOTAL PSYCHOTIC DISORDERS.....	43	71	114	54	79	133
31. PSYCHOPHYSIOLOGIC AUTONOMIC & VISCERAL DISORDERS.....						
32. PSYCHONEUROTIC REACTIONS.....	1	3	4	2	6	8
PERSONALITY DISORDERS:						
33. Personality Pattern Disturbance.....	9	1	10	3		3
34. Personality Trait Disturbance.....		1	1	2	1	3
35. Antisocial Reaction.....					1	1
36. Dyssocial Reaction.....				1		1
37. Sexual Deviation.....				1	2	3
38. Alcoholism (Addiction).....	3	1	4			
39. Drug Addiction.....	1		1			
40. Special Symptom Reaction.....						
41. TOTAL PERSONALITY DISORDERS.....	13	3	16	7	4	11
42. TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	1		1			
43. MENTAL DEFICIENCY.....	15	14	29	12	15	27
44. MENTAL DISORDER, UNDIAGNOSED.....	8	9	17	12	10	22
45. WITHOUT MENTAL DISORDER.....						
46. GRAND TOTAL.....	187	180	367	190	218	408

ADMISSIONS BY COUNTIES

	July 1, 1958 through June 30, 1959			July 1, 1959 through June 30, 1960		
	WM	WW	Total	WM	WW	Total
Alachua.....	0	1	1	0	0	0
Brevard.....	4	1	5	2	1	3
Charlotte.....	4	5	9	1	3	4
Citrus.....	0	1	1	2	3	5
Clay.....	2	0	2	1	0	1
DeSoto.....	8	8	16	11	8	19
Hardee.....	9	3	12	6	10	16
Hendry.....	0	1	1	0	0	0
Hernando.....	1	3	4	2	2	4
Highlands.....	7	8	15	6	14	20
Hillsborough.....	44	59	103	51	50	101
Lake.....	1	6	7	2	0	2
Lee.....	11	16	27	23	29	52
Manatee.....	7	10	17	15	10	25
Okaloosa.....	0	1	1	0	0	0
Okeechobee.....	0	2	2	1	4	5
Orange.....	2	1	3	2	0	2
Osceola.....	3	0	3	2	4	6
Pasco.....	5	3	8	7	4	11
Pinellas.....	20	10	30	16	29	45
Polk.....	53	32	85	33	38	71
Sarasota.....	5	9	14	6	7	13
St. Johns.....	0	0	0	0	1	1
Sumter.....	1	0	1	0	1	1
Volusia.....	0	0	0	1	0	1
Totals.....	187	190	367	190	218	408

DEATH RATE AT THE G. PIERCE WOOD MEMORIAL
HOSPITAL FOR THE PAST TWO BIENNIA

Fiscal Year	Patients Treated During Year	Deaths During the Year	Death Rate per 1,000 Patients
1959-60.....	2,351	137	58.3
1958-59.....	2,285	143	62.6
1957-58.....	2,254	168	74.5
1956-57.....	2,268	128	56.4



RECREATION AND DORMITORY BUILDING

CHAPLAINCY

We have a full time Chaplain. Two days a week are spent at each division, visiting and counseling patients. Religious services are held at each branch every Sunday.

Various groups from the Arcadia churches visit the hospital at regular intervals and conduct devotional services. Special denominational services are held from time to time, as arranged by the denominational group.

The Chaplain's interest and understanding is a great help to patients with personal or spiritual problems. The Chaplain coordinates the programs of outside religious groups and the hospital.

FOOD SERVICE

During the biennium, an average of 5,535 meals were served each day to patients and employees. This is an increase of 190 meals per day over the 1956-58 period. Dorr kitchen served an average of 2,136 meals each day; Carlstrom kitchen served an average of 2,019 meals daily; East kitchen served an average of 1,380 meals daily.

Cafeteria type service is used in the dining rooms. Senile wards and infirmaries are served with electric food conveyors.

A physician is assigned to make regular weekly inspections of the kitchens and dining rooms as to sanitary conditions and to inspect the food served as to quality and quantity.

MAINTENANCE DEPARTMENT

This department has charge of the maintenance of buildings, equipment and grounds. In addition, this department maintains the following:

An ice plant which has an average monthly output of 69,550 pounds of ice. This ice is used at both divisions. A garage which has serviced and kept in operation 17 vehicles. This department also handles the disposal of all refuse which is disposed of by the land-fill method. All hospital buildings are serviced at regular intervals for control of insects and rodents.

FIRE DEPARTMENT

Our fire department consists of a Fire Chief and 14 volunteer firemen, who are regularly employed in other departments of the hospital. The department has regular drills and instructs other personnel of the hospital in the use of fire fighting equipment, which each building has available.

During this biennium, the Fire Department has maintained all first aid and fire fighting equipment throughout the hospital buildings. Fire extinguishers are placed in all buildings and are recharged and tested regularly. Fire hose is readily available and all personnel are shown how to use it, so as to be able to aid the volunteer firemen.

Fires and valuation of losses are as follows:

<i>Type of Fire</i>	<i>Number</i>	<i>Amount</i>
Clothing and Linen in wards	3	\$11.00

WATER AND SEWAGE DEPARTMENT

During the biennium at Carlstrom we have increased the capacity of the water treatment plant. We have added a new well and pump, which will produce 400 gallons per minute. We also added another sand filter and an elevated tank which has a storage capacity of 100,000 gallons. The Carlstrom plant treats an average of six million gallons per month.

At Dorr water plant we have replaced two wood sand filters with two steel sand filters. Dorr water plant treats an average of three million gallons per month.

We have at Carlstrom a Trickling Filter sewage plant. The plant has a maximum capacity of 500,000 gallons per day. At Dorr we have an Activated Sludge plant which has a capacity of 300,000 gallons per day. We have also added new modern sewage pumping stations at each location.

Our laboratory is equipped so that the necessary tests can be made and treatment kept at its best. We send reports to the State Board of Health every month for the water and sewage plants at Carlstrom and Dorr. We also send water samples to the State Board of Health each month for analysis.

LAUNDRY

During the two year period covered by this report, the Laundry operated at full capacity. The Laundry processed 5,767,400 pounds of laundry during the biennium compared to 4,364,673 during 1956-58.

Additional equipment was installed: One Press, collar and cuff, air operated, (replacement); one Press, yoke, air operated, (additional).

SEWING ROOMS

Four employees are assigned to the two sewing rooms. 22,193 new items were manufactured. The sewing rooms repair and alter wearing apparel, repair linens, and other fabrics used in the hospital.

SOUTH FLORIDA STATE HOSPITAL

Hollywood, Florida

R. C. EATON, M.D., Superintendent

DEPARTMENT HEADS

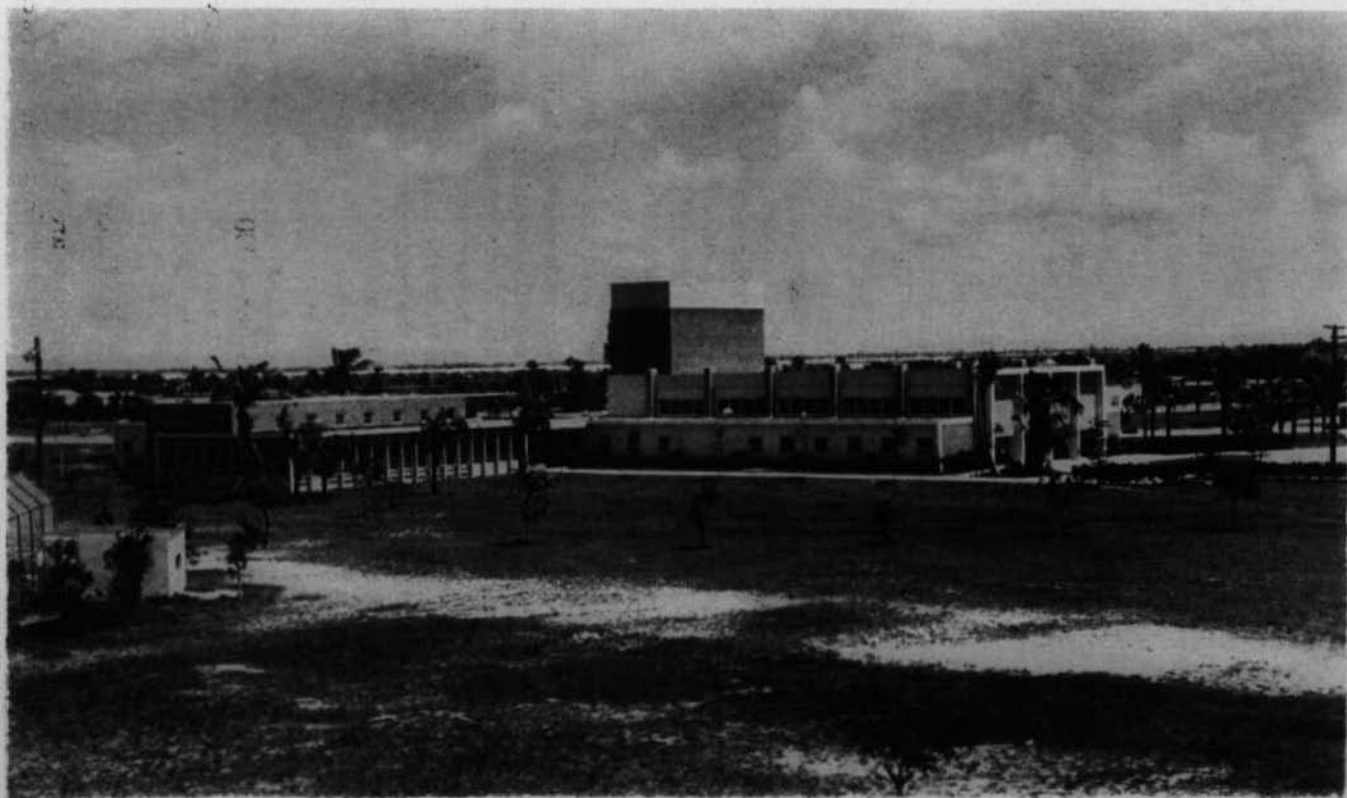
Arnold H. Eichert, M.D.*	Superintendent
R. C. Eaton, M.D.	Superintendent
W. E. Verge, B.S.	Administrative Assistant
T. J. Mullen*	Accountant
J. M. Mullin, Jr.	Accountant
W. J. Clark, B.S.**	Director of Personnel
M. E. Gallinant	Director of Personnel
E. J. Creton, B.S.*	Chief Dietitian
E. M. Haizlett	Chief Dietitian
E. A. Lynch, M.A.	Director of Social Service
H. R. Albertson, B.S.	Chief Medical Technician
J. L. Hayes, B.S.	Coordinator Volunteer Activities
A. B. Krul, B.A.	Chief Occupational Therapy
R. A. Prettyman, M.F.A.	Chief Recreational Therapy
R. G. Loder	Supply Clerk
M. W. Lockhart	Maintenance Superintendent
C. G. Rogers	Laundry Supervisor
K. S. Gaither	Head Housekeeper
K. E. Torrance, M.S.*	Director of Nurses
A. M. Dahlsten, M.S.	Director of Nurses
F. O. Leopold, B.S.	Industrial Therapist
J. J. Brockwell, Ph.D.	Chief Psychologist
S. S. Cook, D.D.S.*	Dentist
L. F. Vodila, D.D.S.	Dentist

MEDICAL STAFF

Arnold H. Eichert, M.D.*	Superintendent
R. C. Eaton, M.D.	Superintendent
M. Haber, M.D.*	Clinical Director
H. S. Sexsmith, M.D.	Clinical Director
E. Horland, M.D.*	Chief Psychiatrist
R. E. Kennedy, M.D.	Chief Psychiatrist
L. Graubard, M.D.	Sr. Psychiatrist
A. den Breeijen, M.D.	Sr. Psychiatrist
P. G. Lever, M.D.	Sr. Psychiatrist
H. S. Gregory, M. D.	Sr. Psychiatrist
J. H. Resch, M.D.	Staff Psychiatrist
I. L. Breakstone, M.D.*	Staff Psychiatrist
E. Howard, M.D.*	Staff Psychiatrist
L. Jackson, M.D.	Staff Psychiatrist
L. M. Ferrer-Meneses, M.D.	Staff Psychiatrist
M. Graditor, M.D.*	Staff Psychiatrist
M. P. Blaya, M.D.*	Staff Psychiatrist
C. R. Villoch, M.D.*	Chief-Medical Service
S. Sternlieb, M.D.	Staff Psychiatrist
F. S. Schrantz, M.D.*	Surgeon
D. C. Bullington, M.D.*	Surgeon
A. Friend, M.D.	Surgeon

* Resigned

** Deceased



RECREATION BUILDING

GENERAL INFORMATION

The South Florida State Hospital is located in West Hollywood, Broward County, Florida. This area is rapidly expanding in population and the estimated population as of July 1, 1960, was 1,596,370. The hospital is assigned the admission of patients from Broward, Dade, Collier, Hendry, Martin, Palm Beach, St. Lucie and Monroe counties.

This hospital was activated on March 1, 1957, with a capacity of 484 beds at that time. The architectural planning called for several phases of construction, the second of which was completed in this biennium, bringing the designed capacity up to 1,120 beds. By placing additional beds in all ward areas, the revised bed capacity was 1,326 at the end of the biennium. New construction during this biennium included a combined recreational and library building, three industrial buildings with a designed capacity of 112 beds each, two geriatric buildings with a designed capacity of 100 beds each, additional dining facilities for patients and staff, maximum security section of 30 beds, and an infirmary section with 76 beds.

Dr. Arnold Eichert resigned as superintendent on December 31, 1959, to enter private psychiatric practice. Dr. Eichert should be commended for a job well done in the difficult task of opening and organizing a new hospital. Dr. R. C. Eaton assumed the duties as Superintendent on January 1, 1960. Dr. H. S. Sexsmith replaced Dr. M. Haber as clinical director who also resigned to enter private psychiatric practice. There have been increases in staff in all departments, but due to the rapid growth in patient population, there has been little change in staff-patient ratio.

During the biennium, 2,202 patients were admitted to the institution. This includes all admissions, whether by transfer from other institutions, court commitments, certifications, voluntary admissions or returns from trial visit. Of these, 974 were admitted in the first year of the biennium and 1,228 in the second year. Separations from the hospital for the biennium totaled 1,736. Of these, 704 were in the first year and 1,032 in the second year. This includes competency discharges, trial visits, deaths, escapes and transfers. Detailed information concerning admissions and separations may be obtained from the tables included in this report.

Death rate for the biennium was 40 per 1,000 patients; the rate being 33.6 per 1,000 in the first year and 56.5 per 1,000 in the second year. Autopsies were performed on 58% of these deaths. During the second year of the biennium there was a marked increase in admissions of the advanced age group.

MEDICAL DIVISION OF THE HOSPITAL

All types of modern psychiatric treatment are carried on in this hospital. The number of physicians has increased from nine to twelve, resulting in better care of the patient and increased rate of release.

There has been an increase in the use of tranquilizers and psychic energizers. Individual psychotherapy has increased and we had 1,410 patients in Group Psychotherapy during the biennium. Electro-shock therapy has decreased, although this is still found effective in specific types of mental illness.

Training has increased in all departments and plans are being made to increase in-service training especially for nurses and aides. Doctor John Caldwell, Professor of Psychiatry, University of Miami and Director of Psychiatric Institute of Jackson Memorial Hospital, has been most helpful in advising us concerning training. Residents from his Training Program are sent here on a three months rotation basis.

Our medical-surgical services have improved and now complete medical-surgical facilities are available in the hospital. The services of competent qualified consultants from this area are used on a fee basis to provide treatment in their particular fields of specialty. The major specialties covered are surgery, orthopedic surgery, ophthalmology, obstetrics and gynecology, urology, ear, nose and throat, neurology, neurosurgery, radiology, pathology and internal medicine.

At the end of the biennium 30% of the patients were in the geriatric group. A considerable number of these could be cared for in nursing homes, if such facilities were available.

RESEARCH

Through the generosity of the Robert O. Law Foundation, the Biochemistry Research Project was initiated in October, 1959. This project is primarily concerned with possible biochemical factors in the cause of schizophrenia.

Other projects have been started in Occupational Therapy and Psychology through donations of interested people in the community.

The members of the teaching staff of the University of Miami, have been helpful in advising us concerning research, especially Doctor George Lewis, Chief, Biochemistry Department, University of Miami.

NURSING SERVICES

All of the professional nurses, attendants and aides are under the direction of the Director of Nursing Service who has had special training in the field of supervision and Nursing Service Administration. Since the last biennial report, there has been a change in the Nursing Administration. Miss Katherine Torrance, R.N., M.S., the Director has resigned, and Mr. Arne M. Dahlsten, R.N., M.S., the Assistant Director of Nurses, was promoted to fill the vacancy.

With reorganization of the Nursing Service we have centralized our administrative offices, which has proved more satisfactory, since it brings the supervisory personnel closer to the patient areas.

The Nursing Service conducts an intensive orientation program for all newly appointed personnel. This includes the basic procedures in caring for physically sick as well as those that are mentally ill. A continuous intensive educational program is in effect. Both aides and professional nurses participate in a regular on-the-job training program, consisting of group discussion, demonstrations and practice. Nursing personnel are encouraged to attend nursing functions and meetings, such as the American Nurses Convention in Miami, Workshops, Institutes and to visit other hospital facilities.

Total hours spent in Orientation and Education of personnel are as follows:

Orientation of new personnel	710 hours
Medication classes for aides	310 hours
Basic and Advanced psychiatry for nurses and aides ..	342 hours
Psychological and physical management of patient	52 hours
Classes on remotivation	40 hours
Group dynamics with professional nurses	30 hours
Techniques in recreation	20 hours
Group communications for Supervisions	8 hours

The hospital provides a clinical practice field for nurses enrolled in the graduate courses for psychiatric nursing at the University of Miami. It also provides clinical facilities for student nurses from the University of Miami and Barry College, during their school terms.

The nursing service participates, in conjunction with other departments, in the orientation of visiting groups from allied fields or those interested in Mental Health, such as the Public Health Nurses, high school students, and community groups.

The nursing complement on June 30, 1960 was composed of a director of nursing, one nurse educator, 6 supervisors, 13 head nurses, 21 staff nurses and 274 aides, as compared with the complement ending June 30, 1958, which was one director of nursing, one educator, 4 supervisors, 9 head nurses and 179 aides.

PSYCHOLOGY DEPARTMENT

The Psychology Department, at present, consists of a Chief and one staff member, both of whom possess the doctorate in Psychology. Five

main functions have been established by the Department; Personality Evaluation by the aid of psychological tests, Group and Individual Therapy, Research, In-Service teaching and the training of psychology interns. In addition to these functions, members of Psychology Service attend and participate in Clinical, Staff and Administrative Meetings.

During the past two years both the University of Miami and Florida State University have approved the hospital for the training of psychology interns, and for varying periods of time, students have been assigned here from each of the Universities. An expansion of the training program is contemplated in the near future.

Number of patients tested.....	430
Number of tests administered.....	1,051
Hours spent in research.....	304
Hours spent in In-Service training.....	418
Hours spent in teaching & education....	147

SOCIAL SERVICE DEPARTMENT

The primary purpose of the Social Service Department is to offer case work help to the patient and his relatives toward the solution of problems in the family's social situation arising from or contributing to the patient's illness, hospitalization, and return to the community. Service is given in collaboration with the treatment team and within the medical limits of the physician's treatment plan.

During the 1958-1960 biennium, 1,778 patients have been served through individual case work. Approximately 250 patients and 1,350 relatives have been served through group case work.

The individual case work services rendered are as follows:

1. **Preadmission**—Number of Services 135—Although Social Service writes to all known significant relatives prior to the patient's admission, the department often gives direct service at the hospital to patients and relatives before the patient is admitted.
2. **Admission**—Number of Services 1,846—Admission service indicates that patient and/or relative has been seen at the time of the patient's admission, or shortly thereafter, to help the relatives through the realization of the patient's admission, to involve the relatives in the patient's treatment and release, and to obtain history information.
3. **Adjunctive Services**—Number of Services 2,073—At admission and throughout hospitalization, personal problems which the patient and relatives cannot handle unassisted and which provoke anxiety, thus interfering with the patient's recovery, are referred to Social Service.

4. **Planned Interim Service**—Number of Services 162—At times the Social Worker is requested to give counseling service to help the relatives clarify their relationship with the patient or the treatment plan.
5. **Release Planning**—Number of Services 667—These services may involve work with patients, relatives, or both as well as the utilization of community resources.
6. **Night Hospital**—Number of Services 17—Under the Night Hospital Plan, patients live at the hospital but go into the community for vocational training or for try-out on a job.
7. **Family Care**—Number of Services 114—Patients who have no homes to go to or whose family homes are either not available or cannot serve the patient during convalescence, leave the hospital on Family Care (Trial Visit under the supervision of Social Service). This may mean: (a) that the patient is seen regularly at the hospital; (b) that supervision is undertaken with the help of the Public Health Departments or social agencies; or (c) that patient is placed in a foster home which is investigated prior to placement and regularly visited by the Social Worker.

The group case work services are as follows:

1. **Prerelease Groups**—There have been six groups, average five patients, meeting for the purposes of evaluating the patient's readiness for release planning and enabling him to move toward leaving the hospital. In one group the ward physician participated; in another, the Vocational Rehabilitation Counselor. There was a combined total of 79 sessions.
2. **Social Service Ward Groups**—As our negro patients' relatives visit less often and are less accessible than those of white patients, group case work meetings for the men and women wards was initiated in 1957 and continued during this biennium. At this point, the diminishing need for these groups is being met in other ways. The combined number of sessions for the two groups is 98.
3. **Groups of Deaf Patients**—With the help of Pastor Francis Gyle, two groups have been conducted weekly since November 1959, in an effort to improve communication and contribute to treatment of deaf patients. The white group consisting of two young men was terminated in January 1960, when one of the members was sufficiently recovered to return to the school for the deaf.
4. **Relatives Groups**—The admissions group met 155 times with 1,356 relatives participating. There were 35 post-admissions group meetings with 245 relatives attending.

During the biennium, there have been 23 talks to community groups and 11 to non-professional groups visiting the hospital. The department has conducted 9 orientation courses for Public Health Nurses, participated in Mental Health Associations' orientation for clergy, the Public Health Department's orientation for teachers, and on three occasions, the course for Deputy Sheriffs in training. The department has conducted 27 study meetings for various community organizations.

At the beginning of the biennium, there were two Senior Psychiatric Social Workers, one Psychiatric Social Worker, one secretary, and the Director. At the end of the period, there are two Senior Psychiatric Social Workers, a Case Work Supervisor, a Psychiatric Social Worker to begin work July 1, 1960, a Social Work Technician, two secretaries, and the Director. In 1958-59, we gave field work training to a student from Florida State University School of Social Work.

OCCUPATIONAL THERAPY DEPARTMENT

The past two years have seen many interesting developments in the Occupational Therapy department. In retrospect, the department has continually grown due to the ability of its staff to accept and suggest changes in procedure when deemed necessary. As a result, service to our patients has been improved in many areas.

In July 1958, we were servicing 163 patients daily. Our patient rolls have steadily increased until as of June 1960, we treated 260 patients. This in itself would not be indicative of growth unless other factors were to be taken into consideration. During this period our staff has not increased in number although we have had considerable staff turnover.

Recognizing the fact that all patients would not benefit from Occupational Therapy treatment our department has been involved in a research program attempting to determine what are the components of a treatable patient. Using clay as our craft media we have been observing the behavior of our newly admitted patients as seen through the media of such an activity. Feeling the necessity of doing this research on a full-time scale we applied to the National Institute of Mental Health for a project grant. Although our request was denied we did learn where we had failed and should we apply again in the future, many areas of our project will be rectified that had caused us trouble on the first request.

In preparation for our application to the National Institute of Mental Health for a project grant, Miss Weinman, OTR and Mrs. Krul, OTR, spent two weeks at the National Institute of Mental Health in Washington, D.C., under the auspices of the Southern Regional Education Board.

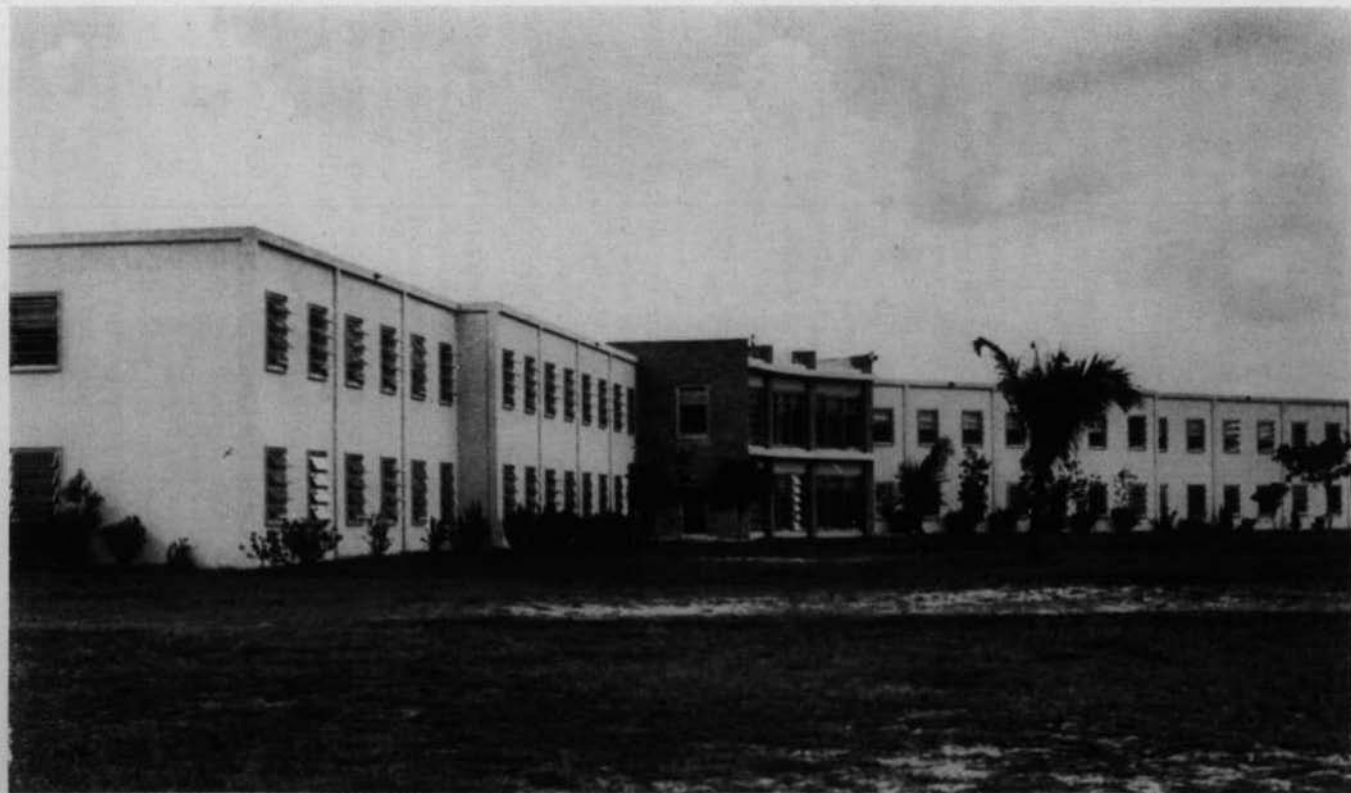
In conjunction with Nursing Service, an Occupational Therapy clinic was opened on the Geriatric Service in February, 1960. This has been

a most successful program and is meeting the needs of many of our elderly patients.

Perhaps one of the greatest achievements professionally was the instituting of a training program for Occupational Therapy students. Our first student from the College of Health Related Services at Gainesville, Florida, arrived in June of 1960.

One of the largest gifts to the Occupational Therapy department from the community was the Slat House, which is a modified greenhouse. This particular project was financed and sponsored by the Dade County Council of Garden Club Presidents and erected at our hospital in the fall of 1958. This project is still supported by the Garden Clubs in both Dade and Broward Counties. The plants and flowers grown in the slat house by our patients are used in both the ward and patio areas of our hospital.

In an effort to reach many of our patients who are not prescribed to Occupational Therapy we have had two loyal volunteer groups who service our patients on the ward areas in both Art and Sewing. It is estimated that over a hundred patients weekly are reached through these two media.



REHABILITATION BUILDING

INDUSTRIAL THERAPY

Industrial Therapy is vitally concerned with the treatment process and rehabilitation of patients. Facilities within the hospital are utilized for the placement of patients on part-time jobs, under the supervision of personnel in the various departments involved. All patients are first referred by their physicians and they are thoroughly evaluated by the Industrial Therapist for placement.

In addition to the placement and follow-up evaluation of patients, the Industrial Therapist is constantly engaged in working with the work supervisors. The time spent in helping them understand patient behavior and effectively manage working patients is perhaps the most important single contribution Industrial Therapy makes in the total hospital rehabilitation program. Industrial Therapy has been called on frequently to assist in orientation programs and in-service training lectures and discussions, as well as the usual staff conferences, rehabilitation meetings, ward rounds, etc. Another important area is research and during the past two years considerable progress has been made towards setting up a project along experimental lines. In July, 1959, the Industrial Therapist received a Southern Regional Education Board In-Service Training Grant, which enabled him to study the Industrial Therapy Programs in the Maryland State Hospital system.

During the past two years, the Industrial Therapy program expanded steadily. Forty-one areas in the hospital now supervise patients on assignments, as compared with twenty-five areas during the last biennium. In keeping with this growth, the Industrial Therapist was involved in more inter-disciplinary activities, which resulted in a broader range of responsibilities. However, it is interesting to note that the turnover percentage, which included that portion of patients who enter or leave the Industrial Therapy program during the month, has continued to fluctuate between 35% and 40%. Of the percentage of patients that leave Industrial Therapy, the vast majority leave the hospital. This is further reflected in a high correlation between a successful hospital work experience and release planning. Thus, Industrial Therapy has continued to play an important role in the over all rehabilitation program.

	WM	CM	WF	CF	TOTAL
Patients in industries on July 1, 1958	64	7	48	12	131
Patients assigned to I.T. during this period	383	128	446	175	1,132
Patients discharged from I.T. during this period	348	118	386	160	1,012
Patients in industries on June 30, 1960	99	17	108	27	251

Lectures and Discussions Conducted by the Industrial Therapist:

Lectures	46
Discussions	114
Total	160

RECREATIONAL THERAPY

The Recreational Therapy program is designed to help patients use their lives constructively and creatively.

During the last biennium, Recreational Therapy has moved into a new, beautiful building. In this modern recreation center are located: gymnasium, bowling alleys, fully equipped stage, projection booth, library, music room, game room, classrooms, barber shop and beauty shop.

During the last two years the following new activities have been added to our schedule: Business School, Teen-Age School, and Charm School. Additional activities in Recreational Therapy are: the Patient's band, which plays weekly dances and the Patient council, formed to encourage better relationships with the staff.

In June, 1958, with a staff of Director, two therapists and two aides, Recreational Therapy had an average daily attendance of:

WM	WF	CM	CF	TOTAL
101	81	41	35	258

In June, 1960, with an addition of one aide and a part-time teacher, Recreational Therapy had an average daily attendance of:

WM	WF	CM	CF	TOTAL
147	131	59	61	398

VOLUNTEER SERVICES

Volunteer Services has continued to act in the capacity of liaison between the hospital and the community in integrating proffered resources for the welfare of the patients. With the assistance of the newly formed "Staff Advisory Committee for Community Services", the Coordinator of Volunteer Services has been able to survey hospital needs as to volunteer services, materials, supplies and equipment that might be donated.

Over three hundred volunteer workers are assigned scheduled duties and responsibilities, participate with staff and patients and average thirty-two hours a month per person in supplementing staff personnel in fourteen hospital services.

With the assistance of our adjacent community organizations during the past two years, our patient's library has catalogued and shelved over 5,000 books, all of which were donated; our school for teen-age patients has been furnished with text books, school supplies and a part-time teacher; our weekly Charm Course, aiding over 200 women patients flourishes with contributed cosmetics and supplies as well as outside speakers on

personal hygiene and social etiquette; our business training program, with donated typewriters and office equipment, trains young men and women to prepare themselves for discharge from the hospital and to better themselves in preparation for return to their jobs in the community. In addition, our ventures into research these past two years have been aided through contributions of money and expensive equipment from interested and concerned community organizations. The outside visiting and game areas, places for patients to socialize and meet quietly with their friends and relatives, have been established through assistance and money furnished by community women's clubs.

Each month, nearly two hundred patients have been partially clothed through contributions provided through Volunteer Services; other patients have been furnished with fifty cent Snack Bar Coupons; television sets and radios have been donated and maintained through voluntary contributions to this hospital.

The Coordinator of Volunteer Services has, as a corollary to her job of recruiting, screening and placing volunteers in the hospital, provided speakers, motion pictures, photographic displays, for conventions, district and state meetings for over two hundred organizations. In addition, this hospital service has conducted tours for one hundred and eighteen visiting groups, high schools, colleges, civic clubs, professional organizations and relatives of patients. Twenty-four work shops and seminars have been held within the hospital, planned and implemented by this service. The Coordinator has been the principal speaker at seven state conventions, all in the interest of promoting better education of the community in mental illness. Two career planning conferences for high school students interested in allied medical fields and a state meeting for Future Nurses of America were held at this hospital through the Volunteer Service program.

As of June 30, 1960:

Number of Regularly Scheduled Volunteers	136
Number (Average) Intermittent Volunteers	223
Number hospital services using Volunteers	14
Total hours contributed by Volunteer Workers	48,409

CHAPLAINCY

The Chaplaincy program, under the direction of part-time Pastor Robert Zehnder of Hollywood, has provided religious comfort and direction to all patients. Aiding Pastor Zehnder have been eighteen volunteer clergymen, rabbis and priests from our nearby communities, whose weekly visits have provided regularly scheduled church services and ward visitations for all faiths.

Volunteer clergymen have assisted with ward bible classes for geriatric and bedridden patients, provided counseling to Social Service and Medical Staff, assisted with the teaching of the deaf and blind patients, held group meetings in their churches and temples to better acquaint the community with the work in the mental hospital, participated in staff conferences and made possible the contribution of Bibles, religious materials, a new pulpit and altar. Church women, working with Pastor Zehnder have made beautiful pulpit and altar pairments for all religions, and assisted with the setting up of a small auditorium that has been made into a permanent hospital chapel.

MEDICAL LABORATORY

The Laboratory service has constantly increased as the number of patients gradually approaches the capacity of the hospital. The laboratory is equipped to handle almost any type of laboratory procedure that might be requested by the Medical Staff. There has been a considerable amount of fluctuation in our staff of technicians, from one technician and an aide, to four technicians. At the present time, there are four technicians, one of which is shared between the laboratory and x-ray.

The total number of tests performed on 18,749 patients are as follows:

Urinalysis	2,985
Hematology	16,879
Blood Chemistries	10,142
Serologies	2,514
Spinal Fluids	351
Bacteriology	1,347
Miscellaneous	552

MEDICAL CLINIC

The clinic staff is comprised of one registered nurse, two female aides and one male attendant. The Chief of Medical Services is in charge of the Medical and Surgical wards and the clinical area.

Requests for consultations concerning medical and surgical patients are sent to the clinic, the individual patients are seen, evaluated and the staff psychiatrists are given specific recommendations. Emergency care, first aid and minor surgery for patients is done in the clinic. Visiting consultants, in their particular field of specialty, are available at the clinic for referred patients.

The entire hospital personnel is given their employment physical examinations and all service connected accidents or illnesses are reported, treated and proper forms are executed in the clinic. Employees with minor

illnesses may consult the clinic physician during regular clinic hours and first-aid or disposition to go home is given by the clinic physician.

During the past four months a program to immunize all patients and employees with tetanus toxoid and typhoid vaccine has been started. A total of 3,949 injections have been given and records kept for future reference.

X-RAY

The functions of the X-Ray Department consist of keeping accurate records on all patients having radiographs, obtaining diagnostic films, and processing the films, which is all done by one technician. All personnel have a routine chest x-ray at the time of employment. Also, all patients and staff have had x-rays made in the last year by the Mobile Chest X-Ray Unit.

Doctor Anthony Galluccio, Consultant Radiologist, reads all films and dictates reports on all cases. He also does the fluoroscoping and is available whenever needed for emergencies.

From July, 1958, through June, 1960, the X-Ray department has taken 4,307 examinations on 4,062 patients.

DENTAL DEPARTMENT

The Dental Department has one full-time dentist and one dental assistant. This department is under the supervision of Doctor J. K. Cox, Chief Dentist for State Institutions. The present patient population is given adequate dental care. The following is a resume of patients treated. Treatment includes emergency work, extractions, fillings and dentures.

Patients receiving treatment	3,700
Treatments given	9,024
Appointments kept	5,293
Patients examinations	2,195
Number of Personnel	2

PHARMACY

The pharmacy is responsible for requisitioning and disbursement of all medications used in the hospital and the rise in inventory of drugs is reflected by the increase in the patient load. The organization of a drug committee is a most gratifying addition and consists of staff physicians and the pharmacist. They assume responsibility for selection of drug purchases.

MOVEMENT OF PATIENT POPULATION

	July 1, 1958 to June 30, 1959	July 1, 1959 to June 30, 1960
ADMISSIONS:		
On New Commitment from:		
County Courts.....	826	787
Circuit and Criminal Courts and Court of Record.....	14	47
Certifications.....		137
Voluntary Admissions.....	22	19
Readmitted on Former Commitment.....	2	3
Returned from Trial Visit.....	66	161
Returned from Escape.....	27	45
Admitted while on Trial Visit from Other Div. Hosp.....	13	9
Babies Born.....	1	2
Transferred from Non-Divisional State Institutions.....	3	18
TOTAL ADMISSIONS.....	974	1,228
SEPARATIONS:		
Released on Trial Visit.....	233	356
Discharges:		
By Staff.....	322	327
For Transfer to VA Hospitals.....	8	6
For Return to Court.....	6	29
Certified Patients.....		74
Voluntary Patients.....	17	18
Transfers to Other Divisional Hospitals.....	2	3
Transfers to Non-Divisional Hospitals.....	12	26
Escaped.....	49	74
Patients Died.....	53	117
Babies Sent Home.....	1	2
Other.....	1	
TOTAL SEPARATIONS.....	704	1,032
Net Increase or-Decrease in Population.....	270	196
Population Beginning of Period.....	572	842
POPULATION END OF PERIOD.....	842	1,038
AVERAGE NUMBER OF PATIENTS.....	708	932

PSYCHOSES OF ADMISSIONS

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SOUTH FLORIDA STATE HOSPITAL, HOLLYWOOD

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
ACUTE BRAIN SYNDROME ASSOCIATED WITH:										
1. Alcoholic Intoxication.....	7	3	17	2	29	15	4	9	2	30
2. Drug or Poison Intoxication (except alcohol).....						2	1			3
3. Convulsive Disorder.....							1			1
4. All other Conditions.....	6	1	1		8	5	1			6
5. TOTAL ACUTE BRAIN SYNDROMES.....	13	4	18	2	37	22	7	9	2	40
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:										
6. Diseases and Conditions due to Prenatal (constitutional) Influence.....						1				1
7. Meningoencephalitic Syphilis.....	1	1		1	3	1		1		2
8. Other CNS Syphilis.....	1	1			2			1		1
9. Epidemic Encephalitis.....										
10. Other Intracranial Infections.....				2	2	2				2
11. Alcohol Intoxication.....	10	6	1		17	9	3		1	13
12. Drug or Poison Intoxication (except alcohol).....	1	1			2					
13. Birth Trauma.....	2				2	2				2
14. Other Trauma.....	2		2		4	8	3	1		12
15. Cerebral Arteriosclerosis.....	39	53	7	5	104	47	42	6	12	107
16. Other Circulatory Disturbance.....	1	1	3		5	13	5			18
17. Convulsive Disorder.....	3	2	1	1	7	4	5	2	2	13
18. Senile Brain Disease.....	14	24	9	4	51	15	43	6	2	66
19. Other Disturbance of Metabolism, Growth and Nutrition.....	1	3			4	1	1			2
20. Intracranial Neoplasm.....	2				2	1				1
21. Diseases of Unknown and Uncertain Cause.....	4	1		1	6	4	6			10
22. Chronic Brain Syndrome of Unknown Cause.....			1	2	3	1		2		3
23. TOTAL CHRONIC BRAIN SYNDROMES.....	81	93	24	16	214	109	108	19	17	253

PSYCHOSES OF ADMISSIONS—Continued

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
PSYCHOTIC DISORDERS:										
24. Involuntional Psychotic Reaction	4	14		4	22	9	27	1	4	41
25. Manic Depressive Reaction	24	20		1	45	28	18	3		49
26. Psychotic Depressive Reaction	10	4			14	10	27	2		39
27. Schizophrenic Reaction	106	132	49	60	347	107	131	46	65	349
28. Paranoid Reactions	3	2			5	5	2			7
29. Others	1				1		4			4
30. TOTAL PSYCHOTIC DISORDERS	148	172	49	65	434	159	209	52	69	489
31. PSYCHOPHYSIOLOGICAL AUTONOMIC AND VISCERAL DISORDERS										
		3		1	4	1				1
32. PSYCHONEUROTIC REACTIONS	7	35		1	43	19	36	2	3	60
PERSONALITY DISORDERS:										
33. Personality Pattern Disturbance	11	13			24	7	5	1		13
34. Personality Trait Disturbance	16	15	1	2	34	27	29	1	1	58
35. Antisocial Reaction	5	2	1		8	8	3			11
36. Dyssocial Reaction				1	1					
37. Sexual Deviation	5				5	3	4			7
38. Alcoholism (Addiction)	9	2	2	3	16	20	6	5		31
39. Drug Addiction	1	3		1	5	3	1			4
40. Special Symptoms Reaction	1				1					
41. TOTAL PERSONALITY DISORDERS	48	35	4	7	94	68	48	7	1	124
42. TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE										
	6	9	2	2	19	1	10			11
43. MENTAL DEFICIENCY	12	10	3	3	28	9	13	2	2	26
44. MENTAL DISORDER UNDIAGNOSED		5		1	6	2	4	1		7
45. WITHOUT MENTAL DISORDER		1			1	3	1	5		9
45. GRAND TOTAL	315	367	100	98	880	393	436	97	94	1,020

ADMISSIONS BY COUNTIES

	July 1, 1958 through June 30, 1959					July 1, 1959 through June 30, 1960				
	WM	WF	CM	CF	Total	WM	WF	CM	CF	Total
Broward.....	86	124	27	31	268	95	125	21	35	276
Collier.....	3	2	1	2	8	4	3	.....	.....	7
Dade.....	124	155	40	41	360	189	186	46	34	455
Hendry.....	4	2	1	.....	7	3	6	1	1	11
Martin.....	5	4	2	1	12	4	5	1	2	12
Monroe.....	12	11	2	3	28	12	10	2	2	26
Palm Beach..	77	63	22	17	179	76	88	21	19	204
St. Lucie....	4	6	5	3	18	9	13	5	1	28
Others.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
Totals.....	315	367	100	98	880	393	436	97	94	1,020

DEATH RATE AT THE SOUTH FLORIDA STATE HOSPITAL
SINCE ACTIVATION

Fiscal Year	Patients Treated During Year	Deaths During the Year	Death Rate per 1,000 Patients
March-June 1957	282	2	7.1
1957-1958.....	989	38	38.4
1958-1959.....	1,546	53	34.3
1959-1960.....	2,070	117	56.5

PERSONNEL DEPARTMENT

The Personnel Department services and maintains records for all departments of the institution.

The total number of staff positions authorized by the legislature for the biennium is 649. A total of 404 staff members were employed on July 1, 1958. 614 staff members were on the rolls on June 30, 1960. During the biennium there was a monthly average of 519.6 employees on the rolls. A total of 884 staff members were employed during the biennium. An average of 36.8 new staff members were employed each month. 652 staff members terminated during the biennium. A monthly average of 27.1 staff members terminated. During the biennium there was a monthly turnover of 5% of the staff. The greatest number of separations occurred in the Nursing and Dietary Departments.

MAINTENANCE DEPARTMENT

The Maintenance and Trades Division is headed by the Superintendent of Maintenance. It provides preventative and everyday maintenance to physical plant consisting of 43 highly complex units with a ground area comprising 282.67 acres of land. 31 of the 43 total units house patients.

It also provides daily living necessities for patients, including light, heat, power, water, sewage, shelter, transportation and security. This division of the Hospital operation completed 8,077 requests for service (work orders) in the past twelve months. It pumped and furnished 79,419,000 gallons of potable water, treated 54,010,000 gallons of sewage, generated 76,359,760 pounds of steam at 100 PSI, used 706,000 gallons of Bunker "C" fuel oil, purchased \$43,000 in electric current and provided around the clock—seven days coverage in trades, water, sewage, power plant, transportation and roads and grounds.

The Roads and Grounds Department handled the maintenance and development of the hospital grounds, fields, patios, roads, loggias and outside areas. Trash and garbage collection and removal and incineration was handled by this department.

SUPPLY DEPARTMENT

The Supply Department prepares all requisitions for purchases which are made through the Purchasing Agent for State Institutions at Chattahoochee. Only limited local purchasing is done.

Requisitions were submitted for all furniture and equipment required to furnish the second stage buildings in addition to those submitted for regular operations. 775 requisitions were screened, typed and sent to Chattahoochee for purchasing, resulting in 2,843 purchase orders. 6,800

receiving reports were prepared and items delivered or stored. The Supply Department serviced 2,128 general stores requisitions submitted by all departments.

There are 13,524 sq. ft. of warehouse flooring. In addition a 990 sq. ft. cool storage room was completed this past year and provides for perishables normally stored in the Supply warehouse.

HOUSEKEEPING

The Housekeeping Department is responsible for the cleaning of all public areas and offices. A total of 83,600 sq. ft. is serviced. A Janitorial Training Program in methods of cleaning and sanitary procedures is conducted by this department for all personnel engaged in these activities.

Housekeeping marked and issued 16,270 pieces of state clothing during this period. The seamstress group for sewing and mending is a part of this department and repaired 65,375 pieces and produced 3,805 new items.

LAUNDRY

The Laundry processed 2,348,488 pounds during the period covered and is now processing about 5.5 pounds per patient per day.

Sterilization of baskets, linen, clothing and the laundry area is maintained as a staph preventative measure.

Three presses, an extractor and one tumbler have been added to the equipment during this period.

DIETARY

It is the privilege and responsibility of the Dietary Department, organized under a Chief Dietitian, to provide nutritionally well balanced meals of the best quality and variety that the budget permits.

The same regular menu is prepared for patients and employees. Food is paid for by employees. They are served in employee's cafeterias.

A comparison in growth of the department this biennium in food and employees follows:

	1958-59	1959-60
Total cost of meals served	\$225,554	\$281,921
Average meals per day	2,326	3,039
Average Special Diets per day	211	336
Total authorized employees	67	103

This period opened with operation of food service in three areas. Expansion necessitated the opening of the following food areas:

October 1958—Geriatrics #2—Kitchen and dining areas for patients.

February 1959—New larger kitchen, partial opening for storage and service for patients in Industrial Buildings.

August 1959—Move of major cooking services and opening of patient and employee cafeterias in new main dining area.

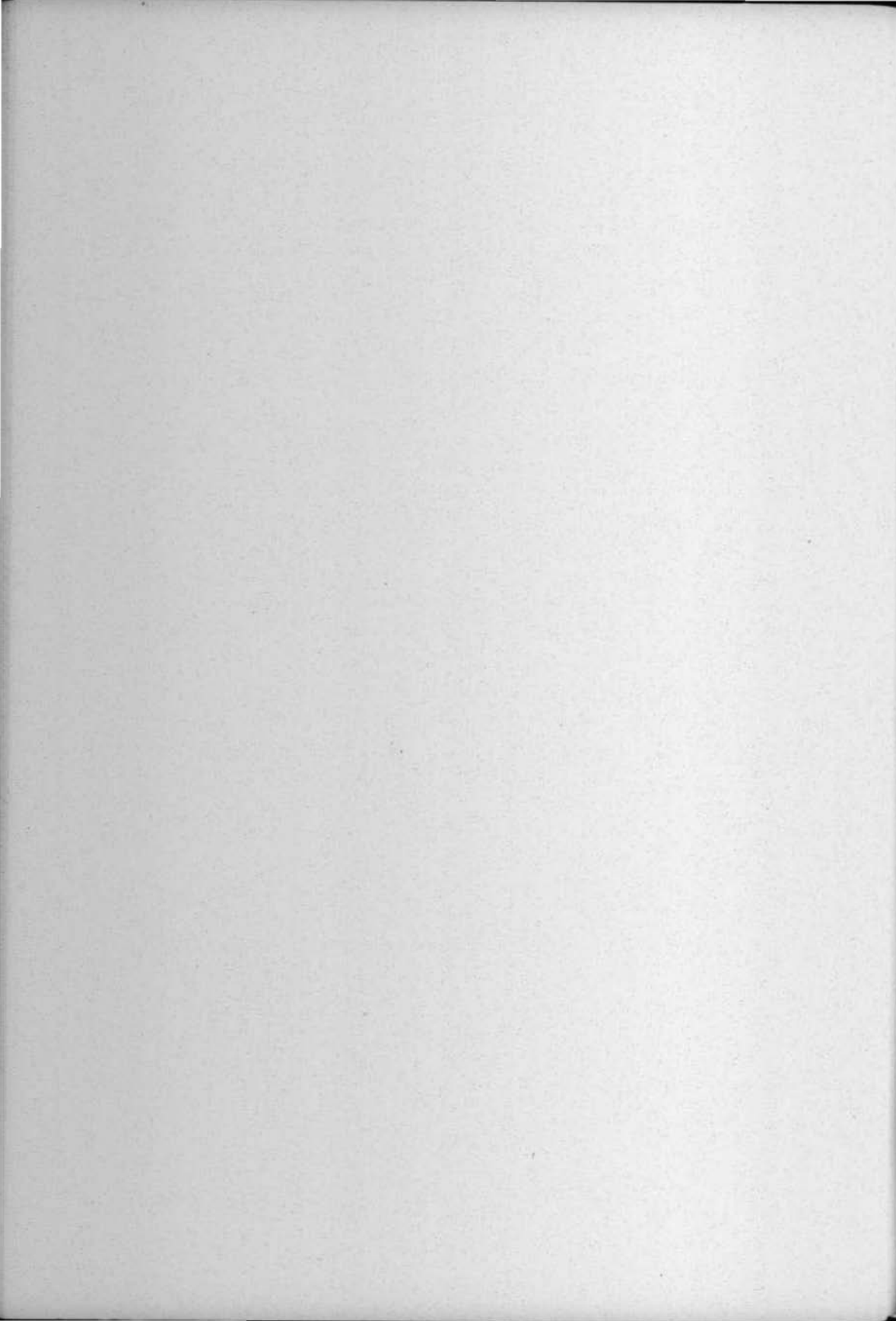
March 1960—Maximum Security serviced by prepared trays.

April 1960—Geriatrics #3—Kitchen and dining area for patients.

In addition to the main kitchen there is a Medical and Surgical Kitchen which prepares special diets under the direction of a therapeutic dietitian and services five medical and surgical areas by heated food carts.

Movies on sanitation, handling of equipment, dishes and food have been shown to the dietary group at various times.

Weekly discussion sessions with the Industrial Therapist have been helpful in orienting personnel in working with assigned patients.



NORTHEAST FLORIDA STATE HOSPITAL

Macclenny, Florida

J. T. BENBOW, M.D., Superintendent

DEPARTMENT HEADS

J. T. Benbow, M.D.	Superintendent
C. H. Adair, M.D.	Clinical Director
J. E. Jones	Administrative Assistant
C. B. Hayes	Accountant
Mrs. A. G. Roy, R.N.	Director of Nurses
J. C. Long	Supervisor of General Maintenance
M. E. Taylor	Supervisor of Power Plant
T. McIntyre	Horticulture
F. S. Tyson	Food Service Manager
Mrs. J. C. Harvey	Housekeeper
J. C. Thompson	Director of Occupational Therapy and Recreation
G. M. Hill	Supply Clerk
J. Sellers	Supervisor of Laundry

MEDICAL DEPARTMENT

J. T. Benbow, M.D.	Superintendent
C. H. Adair, M.D.	Clinical Director
Himon Miller, M.D.	Psychiatrist
H. E. Katz, M.D.*	Psychiatrist
Marvin Wellman, M.D.	Psychiatrist
L. L. Hatcher, M.D.	Psychiatrist
A. L. Robertshaw, M.D.	Psychiatrist
J. M. Alcabes, M.D.	Psychiatrist
J. R. Ryan, M.D.	Surgeon-Internist
R. B. Martin, D.D.S.	Dentist
W. P. Scott, M.D.	Visiting Radiologist
Mrs. Alice Roy, R.N.	Director of Nurses
T. R. Doras	Psychologist
Jane Whitehead	Psychiatric Social Worker
Ann Ritter	Psychiatric Social Worker
Terry Winters	Social Worker
R. Fritz	Medical Technologist
Lamar Roberts	Laboratory Technician
J. R. Roberts	X-Ray Technician
J. Rogers	Drug Clerk
J. C. Thompson	Occupational Therapist
Don Crawford	Recreational Therapist

* Resigned



ADMINISTRATION BUILDING

GENERAL INFORMATION

The Northeast Florida State Hospital, located at Macclenny, Baker County, Florida, was authorized by the 1955 session of the state legislature at which time funds were appropriated for construction. Actual construction was begun on this hospital in 1957. The 1957 session of the state legislature appropriated additional funds for further construction; however, due to insufficient revenues, all of these funds were not available for expenditure. This same session also placed this hospital under the Division of Mental Health. The 1959 session again appropriated funds for expansion of the facilities and this expansion is presently under construction.

In September, 1958, Doctor J. T. Benbow, then clinical director at the Florida State Hospital, Chattahoochee, was appointed superintendent of the Northeast Florida State Hospital and has continued in this capacity throughout the biennium.

The first group of buildings was opened on August 17, 1959, with the transfer of 74 patients from the Florida State Hospital. Dedication of the unit was held on September 13, 1959, with Governor LeRoy Collins as principal speaker. A very large group of state officials and legislators were present, and an open house following the ceremonies was very well attended.

The complement of the hospital at the time of opening was 475 beds and, upon opening, a plan was followed by which buildings could be opened in the order of need as the patient population warranted. We first opened two buildings each for white men and white women, one building each for colored men and colored women, and one ward in the Medical-Surgical Building for each color and each sex. Several months later two more white receiving buildings and the remaining colored receiving buildings were opened. The remaining buildings were activated in March of 1960.

The policy of the hospital is to operate on the open hospital policy as much as feasible, with patients having as much freedom of the grounds as can be permitted, according to their mental condition. This policy has worked out quite well since we have been open and has contributed, we feel, materially to the recovery of patients, especially those with some of the milder mental disorders or disorders of an acute, short-term nature, whereby the patient can rapidly get back into a normal social atmosphere of contacts with other people.

The architectural design of the hospital is such that patients are not prone to be crowded into great groups and no ward contains over 38 beds. This allows a fairly compact unit to be maintained in each building. Some of the buildings house as few as 20 patients, these being the more acutely ill and disturbed patients; and patients are moved from the receiving areas and disturbed areas to quieter and more privileged areas as rapidly as

possible, as their condition tends to improve. The design of the hospital does, however, impose certain problems, in that with small wards and small groups of patients, more personnel per ward and patient are necessary than in handling quite large wards and quite large groups of people. This also requires more recreational and occupational therapy staff, in order to adequately provide for varied groups. Such requirements, however, are felt to be warranted by the results obtained in the therapeutic programs.

Future expansion of the plant at Northeast Florida State Hospital includes the construction of geriatric facilities, this contract being let in the last month of the biennium, consisting of five geriatric buildings of some eighty beds each, three for white and two for colored. In each group of these buildings is a small Occupational Therapy area which will be very useful in the continued treatment of the aged and chronically ill patients. We hope to open these buildings about July or August of 1961. Under the same contract an elevated water tank is being built; also some additions to the sewage treatment area and an incinerator and warehouse addition. Utilities to all these areas are, of course, included in this contract.

Construction under consideration, but not under definite plans, will consist of further building for patient areas. Any further building beyond that under the present contract, will require the addition of another kitchen and dining area for patients, a gymnasium of full size with the accompanying recreation rooms for the chronic patients areas. The recreation facilities which are presently available are much too small to house the number of patients for which they are used and could not possibly take care of any additional load. It will also be necessary to have some industrial shops for maintenance work at the institution, as we have nothing at the present time in the way of work areas for trades people, and they are being handled in one section of the warehouse on a makeshift basis. There is no provision for fire protection at the institution and it is hoped that when the shops are built that a small fire station can be included. Expansion beyond present contracts will necessitate completion of the sewage and water treatment facilities to the maximum of the master plan, and also will require the installation of a third boiler for the high temperature hot water system. It is hoped that the next legislature will appropriate money to add the foregoing and increase the institution by approximately 500 beds, bringing the total up to some 1,375 beds. With the addition of the utilities mentioned in the previous paragraph, no further construction utilities will be necessary for the completion of the master plan of the hospital with a capacity of approximately 2,000 patients. It is hoped at some future date that we also can have a chapel in the hospital plan, as we are now holding services, and will continue to do so for some while, in the gymnasium areas in the hospital. This is by no means satisfactory and does not lend to the very religious atmosphere, but is necessary because of absence of other facilities.

It is felt that the above outlined plan will be necessary in order to meet the rapidly growing need in the state for beds for the mentally ill. Improved methods of treatment, of course, will aid in returning patients to the community rapidly, but due to the population growth of the state additional facilities will be required in order to meet the increasing demands placed upon our state mental hospitals.

MOVEMENT OF POPULATION

During the ten months operation of the Northeast Florida State Hospital, a total of 879 persons were admitted to the hospital. This total includes first admissions, returns from trial visit and transfers from other state institutions. Reference to the accompanying tables will show detailed breakdown of types of admissions.

In regard to separations, there were 516 separations, all types, including trial visits, discharge competents, deaths, escapes, transfers to other states, Veterans Hospitals and to other state institutions. In reference to the statistical material, the tabular form will show that we released 378 patients on trial visit during the ten months and discharged 74 as competent. There were 22 discharges for purpose of transfer to Veterans Hospitals, 12 were discharged for purpose of transfer to other states, by virtue of being non-residents of the state of Florida.

In reviewing our area of service, we find that the greatest number of our patients come from Duval County, with 190 admissions. This is followed next in order by Orange County with 93 admissions, Pinellas County with 65, Volusia with 50, and Hillsborough with 45 admissions. Smaller numbers were from other counties in the state. There was no real attempt to limit the area from which the patients were received for the Northeast Florida State Hospital, because of the fact that it is felt by this hospital, as well as the Division of Mental Health, that the facilities here were of acute and intensive treatment type and were not well suited for geriatric and long-term care. The patients assigned to us were, for the most part, of the younger age group, or patients who had had an acute breakdown which was felt to be suitable for short-term care, and this led to our taking patients from a wide variety of counties in North Florida and extending as far South as Sarasota County. When we become equipped with bed facilities for long-term care and for geriatric care, we will undoubtedly limit our area of patient reception to the northeast section of the state.

During the ten months of operation, we have had 13 deaths in the institution; most of these were among patients who were in an elderly age group, who were taken from a local area on a matter of an emergency basis.

The psychotic disorders are our greatest classification in the admissions to the hospital, 457 being classified in this grouping. Of these, 365 were in the Schizophrenic group. Chronic Brain Syndromes totaled 112 and

the greatest proportion of these were made up of Arteriosclerotics and Convulsive Disorders. We found that we had admitted during the year 58 cases of Personality Disorder, many of these were among the teen-age group. The rest of the 758 admissions were scattered among the various classifications of psychiatric diagnoses.

We have not utilized voluntary admissions at this hospital, to speak of, because past experience at other hospitals with voluntary admissions had not always been too satisfactory. We felt that for the time being, at least, it would be best to hold down the voluntary admissions to a minimum, in order to provide accurate and adequate workups psychiatrically and medically on our patients; and to orient our staff into the routine procedures prior to taking in voluntaries to any degree, as these patients require a good bit of rapid evaluation because of the tendency to demand to leave the hospital shortly after admission.

MEDICAL STAFF ACTIVITIES

The hospital has been able to keep a fairly full staff, according to the legislative appropriation, and the staff has shown a great deal of activity during the period of activation of the hospital. New procedures and methods have been tried out to fit our particular needs and situations and, at the end of the biennium, it was felt that the hospital was in a fairly stable state of operation.

Weekly conferences have been held for purposes of consideration of the patients for discharge from the institution; and we also have instituted a plan of teaching conferences one day a week for medical staff, nursing personnel, psychiatric aides, etc., to bring out the team concept in the handling of mental patients. In these staffs we utilize the various disciplines present in the hospital. We feel that this has been an invaluable aid for the education of nursing staff personnel, and has contributed to their knowledge of basic psychiatry, as well as to their knowledge of handling situations which come up on their individual wards.

With the cottage-type system, it is necessary to encourage group relationships, and group psychotherapy has been promoted to a fairly large extent in the institution. This is carried out by the psychiatric staff, with the help of the psychologist, and it is hoped that this program will expand with the addition of further medical staff.

No out-patient service nor follow-up service in the institution is present nor underway, though we hope in the future to set up a follow-up service for patients on trial visit whereby they may return to the hospital on appointment for re-evaluation of their situation and readjustment of medication, if necessary.

Orientation courses for the Public Health nurses are underway and we have had several since the opening of the hospital. This follows a

similar plan of operation in use at the other state institutions; and it is quite beneficial in the orientation of nursing personnel in Public Health areas to problems of the mentally ill who have returned to their communities.

The medical and surgical section of the hospital has not been too active because we have not had a great deal of acute illness among our patients, but as time goes on this will increase. Our surgical procedures are at a minimum at the present time and this is, we believe, due to the age group of patients which we have received, for the most part. More elective procedures in surgery are found among the older group of patients than there are among the younger patients as a rule, and so, consequently, there has not been the surgical work done at this hospital, so far, in proportion to that done at other state hospitals. We have instituted a program of screening for malignancies of the cervix and uterus among our female patients and have, so far, found several by the Papanicolaou smear technique which would not have been found on ordinary gross examination. We feel that the expense of doing this is worth the results.

We have not, as yet, added consulting surgical staff to the medical division, not having had the need, though this may come up in the future. In the line of consultants, we use a part-time radiologist from Jacksonville, who comes one day a week and does our radiological work at the hospital. We feel that this will need to be expanded in the future as we take in older age group patients, who are going to require a great deal more of diagnostic roentgenological studies.

Routine physical examinations of new applicants are done by the physician of the medical and surgical service prior to employment. No service to employees is given in the way of medical attention, except for emergency care for accidents which are received in the line of duty. We have not found that the employees are off from work an undue amount because of the necessity of visiting a physician in town, and we see no need for the provision of medical care for employees at this time. There are no beds available for such use, as all the beds in the Medical-Surgical section are on closed wards and are set up for our patient population. Routine re-examinations are made on food handlers in compliance with the existing regulations for such.



MEDICAL, SURGICAL AND CLINICAL BUILDING

ANCILLARY SERVICES

PSYCHOLOGY

Our services in psychology are rendered by one psychologist at the present time, with a second psychologist being added at the beginning of the new biennium. Psychological services consist of testing and evaluation, upon referral by the attending psychiatrist, and the involvement in the group therapy programs under supervision of the attending psychiatrist. The psychologist also participates in the teaching clinics each week as part of the therapeutic team, and demonstrates the role of his particular profession in the evaluation, handling, and disposition of particular cases.

SOCIAL SERVICE

The Social Service Department began operation with one Master's Degree Social Worker, one Social Worker I, and one secretary. All social work placements were filled for this biennium with the addition of two Master's Degree Social Workers, one in November 1959 and commitment for one July 1, 1960. This made possible plans for assignment of a special Social Worker for each of the three separate services, white female, white male, and negro service, with focus toward a closer working relationship of staff members within these designated areas.

The early months of the hospital's operation were devoted in part to setting up within Social Service a systematic organization, in order that as many functions as possible could be handled by a routine procedure, thus freeing the Social Workers for those services requiring professional attention. The initial primary function was securing information in relation to the patients' symptoms and behavior, family relationships and attitudes, and previous treatment received, in order to assist the medical staff in diagnosis and treatment planning. From August 24, 1959 to June 30, 1960, 314 social histories were taken by interview, including 46 investigations of Florida residence and five foreign-born reports.

Four hundred sixty-three Social History Questionnaires were mailed to relatives not seen personally by the Social Workers. Eighty percent were returned upon first request, requiring only 20% to be sent second notices, or to be investigated for incorrect addresses, relatives moving, etc. Form letters were sent to doctors, hospitals, etc., having formerly treated the patients, requesting medical reports.

Case work services were provided patients and their families during the patients' hospitalization. Relieving patients of their anxieties, by assisting with personal and family problems, helps them become more amenable for psychiatric treatment. Also, assisting relatives in a better

understanding of a patient's illness and behavior helps pave the way for better family relationships and adjustment, when the patient returns to the community.

Many services were provided in relation to release planning; the majority of these services being trial visit reports to the local Public Health Departments for follow-up services. Although the majority of patients have relatives anxious and willing to take them back into their homes, there are those who might remain lifetime charges of the state hospital system, if special plans were not made. Extensive and intensive case work services are required in coordination with Vocational Rehabilitation and local community social agencies.

From August 24, 1959 to June 30, 1960 Social Service provided some service for all the 879 patients admitted, with special case work benefits for 575 patients and their families.

Social Service has shared in talks, special staff presentations, tours and individual conferences with the many visitors, representing public and private agencies, clubs and organizations, who have called at the hospital, in order to assist in interpretation of our hospital program, social service needs, and to establish a better understanding and working relationship with these groups. Many letters and special meetings have been arranged to become better acquainted with financial assistance and other benefits available to our patients. Social Service has also provided secretarial and clerical experience for nine patients in individual placements under the newly developing Industrial Therapy program.

OCCUPATIONAL THERAPY

The Occupational Therapy Department at the Northeast Florida State Hospital maintains a therapeutic activity program for both white and colored patients in duplicated physical arrangements. Basically, the objective in the organization of the department is to render the best possible treatment program and service to the patient and to the institution.

Modalities used in these areas include ceramics, leathercraft, wood work, metal work, domestic crafts of all descriptions, and weaving.

Specific recreation programs are initiated for the patients daily with shuffleboard, croquet, softball, basketball, volleyball, bingo parties, table tennis, and table games of all descriptions organized in such a manner as to stimulate a person to their optimum participation levels.

Physical training programs for both colored and white patients are prescribed by the staff psychiatrist, in an effort to establish another situation to help the individual adjust to their problem. Physical exercise equipment of all classifications is used in this capacity, including such items as barbells, rowing machines, stationary bicycles, and punching bags.

A patients' library is functioning, which has been established with books and magazines donated by interested groups. The literary participation of patient groups has steadily increased, placing a greater demand for a more diversified variety of reading materials in all fields.

The patients at the hospital have been most fortunate in receiving from volunteer groups planned recreation periods, including such activities as birthday parties, dance instruction, disc jockey programs, along with other forms of recreational activities.

Occupational Therapy programs at the Northeast Florida State Hospital are an integral part of the patients' treatment program, closely related and supervised by the medical staff. In this manner, it is felt, the patient can be afforded therapeutic experiences that will help control or alleviate their psychiatric problems, which may encourage emotional adjustments and eventually complete rehabilitation.

VOCATIONAL REHABILITATION

It has been our privilege, since our opening, to have had a Vocational Rehabilitation Counselor on the staff, who is paid by the Vocational Rehabilitation office of the state system. He has added a great deal to the program, we feel, and has gone forward in the rehabilitation planning of patients who need such services upon leaving the hospital. A great many referrals have gone from his office to District Counselors, with the result that we have maintained quite good relationships with various Vocational Rehabilitation districts.

Our counselor has also taken on the added responsibility of doing work in Industrial Therapy, in setting up a pilot project for us there. This is a field which has been quite difficult to activate, because of the quite acute nature and short-term stay of many of our patients. Consequently, we do not have a great many patients engaged in Industrial Therapy in the institution, and those who are, are usually for a short term only.

It is hoped that with the expansion of the hospital and the growth of the number of chronic and longer-term patients, further work can be done in this field of Vocational Rehabilitation and Industrial Therapy, and that possibly our counselor can be assigned to us on a full-time basis, rather than a 4-day-a-week basis as he is at this time.

VOLUNTEER SERVICES

We have not, as yet, put in a formal volunteer program, as we do not feel during this first few months of operations that we were ready for a full-term, paid voluntary worker. We have been fortunate, however, in having the very able assistance of the State Mental Health Association office, as well as the Duval County Mental Health Association, in the

provision of entertainment and activities for our patients. These organizations also have been very kind and thoughtful in the Christmas Gift Program for the patients at the hospital and we received over a thousand gifts at that time from them, as well as the Beta Sigma Phi Sorority, Pilot Club, Soroptomists Club, and other local organizations in Duval, Baker and surrounding counties. Local organizations in the town of Macclenny have given of their time to provide activities for our patients, and we hope to be able to expand this as time goes on. It will be necessary, however, before any large expansion can go on, to have a greater area for patient activities, as our auditorium is quite small and will not really accommodate the patients in an adequate manner for large-group activities.

The local ministers in Macclenny have been used for part-time chaplaincy service on a rotating basis, and religious services are held every week for Protestant patients. Catholic services are provided by the Catholic priest from Starke and a Mass is said each month for patients in the institution. It is felt that as the hospital grows larger, consideration should be given to a Chaplaincy program whereby considerable time may be given by the chaplain to the hospital and eventually a full-time chaplain will be needed. The services rendered are greatly appreciated, but we realize, as do the persons acting as chaplain, that we are not providing adequate services and that this is only a stopgap measure. Some provision in the next budget for full chaplaincy services is to be considered.

LABORATORY AND X-RAY

The clinical laboratory became operative at the opening of the hospital, with technicians employed prior to opening to set the laboratory up and get it in operating order. During the period covered in the report, we have had two laboratory technicians on the staff and they have been able to handle the present load fairly well. As the hospital expands and grows, further personnel will be needed in this very vital area.

Routine examinations are done in our laboratory on all patients, which include stool, urine, blood count, and V.D.R.L. tests. Special tests, such as biochemical determinations, special bacteriological examinations, electro-cardiograms and the like are done in the laboratory as well, and upon special requests by referring physicians.

A quite well equipped diagnostic x-ray unit was installed in the hospital prior to its opening and routine chest examinations are done on all patients who are admitted to the hospital. Various specialized examinations are performed by a consulting radiologist who spends a half day a week at the hospital. One x-ray technician is available to carry out this program on our patients. We also carry out routine chest x-rays on all new applicants for employment. Total number of examinations was 1,381, of which 1,275 were chest films, and the remainder special requests for other studies.

ELECTROENCEPHALOGRAPHY

We were fortunate in being able to purchase a Grass EEG unit, eight-lead capacity, prior to opening the hospital and this was activated shortly after opening, when one of our staff psychiatrists joined us who had had training in this particular area. Electroencephalograph recordings are made upon referral and we have done tracings on 35 patients. No attempt is made to do routine electroencephalographs on new admissions, as we have not seen the need for this, though any patient admitted with a history of convulsive seizures or suspected convulsive seizures, brain trauma, or suspected new growths, is seen in this service.

PHARMACY

The pharmacy has been quite active since the inception of the hospital and has kept a very adequate and complete stock of routine drugs, as well as special psychiatric drugs for the use of the medical staff. The drugroom clerk is also charged with routine and periodic inventories of drug supplies on the individual wards, in order to keep stock moving and active and prevent stock piling in any particular patient area. All drugs, with few exceptions, are bought on a quarterly requisition by the Purchasing Agent. We have had a moderate amount of tranquilizing and psychic energizers donated to the hospital for use. It has been the policy of the hospital not to use any drugs which have not been accepted by the Pure Food and Drug Administration and have been put on the market. We do not feel that we have adequate facilities for investigative work in the field of new drugs and, consequently, have not stocked any of these unapproved or unmarketed drugs.

NURSING DEPARTMENT

The Nursing Department of the Northeast Florida State Hospital started functioning with the employment of a Director of Nursing on April 21, 1959.

Interviews of prospective applicants, the ordering of supplies and the organizing of the wards occupied her attention until August 17, 1959, when the first patients arrived.

From April, 1959, to June 30, 1960, approximately 1,200 people were interviewed for various positions. In July of 1959, three registered nurses, one aide, two orderlies and a secretary, all of whom were experienced, were employed to aid in setting up the wards. In August, 1959, 85 new employees were added to the staff. Between April 21, 1959, and June 30, 1960, 294 applicants were employed and 118 separated.

In August of 1959, a registered nurse, with a degree in Nursing Education, was employed to teach basic nursing procedures to the aides.

The total program consists of 100 hours, including Nursing Arts, First Aid, Admissions, Body Mechanics, Psychiatric Nursing, Medical Nursing, Surgical Nursing, Medications, Ward Management, and Obstetric Routines. At the present time no aide has received all of the classes; most of them have taken part in at least one class series.

The Clinical Director presented ten lectures on Descriptive Psychiatry for the benefit of the staff. Local registered nurses were invited to these. Later, weekly staff conferences were started. At this staff, a patient is presented for complete study, and treatment procedures are discussed.

An all-day program has been held on several occasions for Public Health nurses. Various departments assisted in this program, and members of the staff were also invited. These meetings have been well attended and apparently appreciated. Most of the Public Health nurses said it would help them to understand the needs of the patients upon their return to their community.

In June, 1960, during a week of instruction by Public Health nurses for teachers assisting in health education, a tour of Northeast Florida State Hospital was made by the teachers of surrounding counties.

We have been unable to employ an adequate staff of professional nurses. This is probably due to low salaries, lack of housing, lack of transportation and inaccessibility. We have employed licensed practical nurses in the place of staff nurses in some areas.

Most of the aides are inexperienced and untrained on employment. A good job has apparently been done, however, as evidenced by our release rate, and the aides are able to make effective use of their own personality in helping the patient back to normal.

MOVEMENT OF PATIENT POPULATION

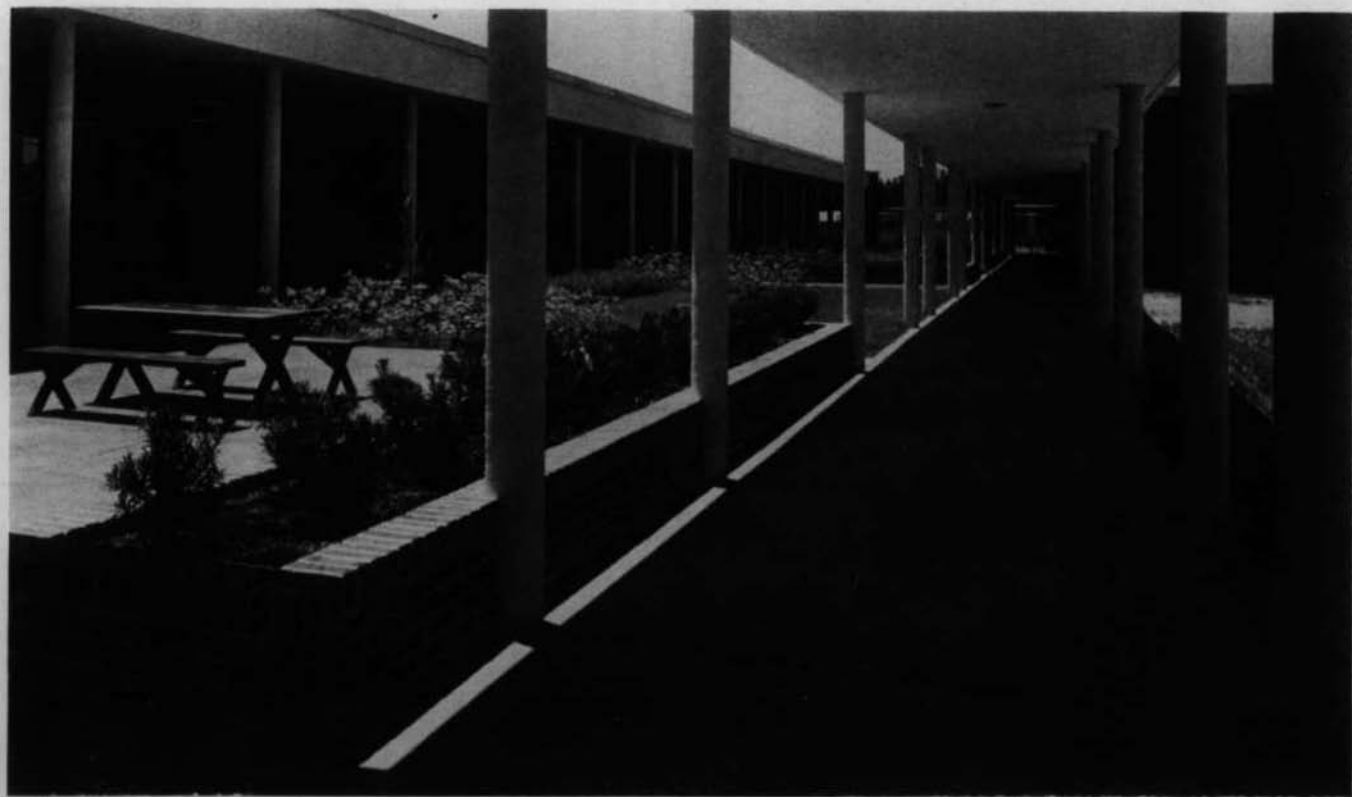
	August 17, 1959 to June 30, 1960
ADMISSIONS:	
On New Commitment from County Courts.....	619
Certifications.....	35
Voluntary Admissions.....	1
Readmitted on Former Commitment.....	2
Returned from Trial Visit.....	110
Returned from Escape.....	9
Transferred from Other Divisional Hospitals.....	74
Admitted while on Trial Visit from Other Div. Hosp.....	27
Babies Born.....	2
TOTAL ADMISSIONS.....	879
SEPARATIONS:	
Released on Trial Visit.....	378
Discharges:	
By Staff.....	74
For Transfer to VA Hospitals.....	22
For Transfer to Other States.....	12
Voluntary Patients.....	1
Transfers to Other Divisional Hospitals.....	4
Escaped.....	10
Patients Died.....	13
Babies Sent Home.....	1
Babies Died.....	1
TOTAL SEPARATIONS.....	516
Net Increase or-Decrease in Population.....	363
Population Beginning of Period.....	
POPULATION END OF PERIOD.....	363

PSYCHOSES OF ADMISSIONS

	August 17, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total
ACUTE BRAIN SYNDROME ASSOCIATED WITH:					
1. Alcoholic Intoxication.....	1	1	10	3	15
2. Drug or Poison Intoxication (except alcohol)...	0	3	0	0	3
3. All other Conditions.....	3	0	0	0	3
TOTAL ACUTE BRAIN SYNDROMES.....	4	4	10	3	21
CHRONIC BRAIN SYNDROMES ASSOCIATED WITH:					
4. Meningoencephalitic Syphilis.....	1	0	0	0	1
5. Other CNS Syphilis.....	1	0	1	0	2
6. Alcohol Intoxication.....	6	2	3	1	12
7. Trauma (other than Birth or Poison).....	6	1	5	0	12
8. Cerebral Arteriosclerosis.....	11	7	11	7	36
9. Other Circulatory Disturbance.....	1	2	4	2	9
10. Convulsive Disorder.....	7	11	3	5	26
11. Senile Brain Disease.....	1	5	2	1	9
12. Diseases of Unknown and Uncertain Cause.....	0	1	0	0	1
13. Chronic Brain Syndrome of Unknown Cause.....	1	1	2	0	4
TOTAL CHRONIC BRAIN SYNDROMES.....	35	30	31	16	112
PSYCHOTIC DISORDERS:					
14. Involutional Psychotic Reaction.....	8	18	0	6	32
15. Manic Depressive Reaction.....	7	13	1	6	27
16. Psychotic Depressive Reaction.....	12	7	2	0	21
17. Schizophrenic Reaction.....	91	134	59	81	365
18. Paranoid Reactions.....	5	5	2	0	12
TOTAL PSYCHOTIC DISORDERS.....	123	177	64	93	457
19. PSYCHONEUROTIC REACTIONS.....	6	13	0	0	19
PERSONALITY DISORDERS:					
20. Personality Pattern Disturbance.....	7	4	0	0	11
21. Personality Trait Disturbance.....	9	4	1	0	14
22. Antisocial Reaction.....	12	3	3	2	20
23. Dyssocial Reaction.....	1	0	0	0	1
24. Sexual Deviation.....	4	0	0	0	4
25. Alcoholism (Addiction).....	7	1	0	0	8
TOTAL PERSONALITY DISORDERS.....	40	12	4	2	58
26. PSYCHOPHYSIOLOGICAL AUTONOMIC AND VISCERAL DISORDERS.....	0	1	0	0	1
27. TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE.....	0	1	0	0	1
28. MENTAL DEFICIENCY.....	13	9	3	6	31
29. MENTAL DISORDER, UNDIAGNOSED.....	24	6	8	20	58
GRAND TOTAL.....	245	253	120	140	758

ADMISSIONS BY COUNTIES

	August 17, 1959 through June 30, 1960				
	WM	WW	CM	CW	Total
Alachua.....	12	12	6	14	44
Baker.....	6	12	2	1	21
Bradford.....	1	7	1	2	11
Brevard.....	4	4	5	3	16
Clay.....	7	3	2	0	12
Columbia.....	7	6	7	4	24
DeSoto.....	0	0	1	0	1
Dixie.....	2	2	0	0	4
Duval.....	56	82	16	36	190
Flagler.....	1	0	0	1	2
Hamilton.....	2	0	0	0	2
Hardee.....	0	0	0	1	1
Highlands.....	0	0	2	2	4
Hillsborough.....	8	18	8	11	45
Indian River.....	2	1	2	0	5
Lake.....	8	3	1	1	13
Lee.....	0	0	2	2	4
Levy.....	1	3	2	1	7
Madison.....	0	0	1	1	2
Manatee.....	1	1	3	3	8
Marion.....	12	8	1	5	26
Nassau.....	2	6	0	0	8
Okeechobee.....	0	0	0	1	1
Orange.....	48	21	14	10	93
Osceola.....	0	1	3	0	4
Pinellas.....	24	25	9	7	65
Polk.....	1	0	10	11	22
Putnam.....	9	5	3	1	18
Sarasota.....	4	1	1	2	8
Seminole.....	5	3	3	7	18
St. Johns.....	3	6	3	2	14
Sumter.....	1	0	0	1	2
Suwannee.....	2	2	2	2	8
Taylor.....	1	0	2	0	3
Union.....	0	1	1	0	2
Volusia.....	15	20	7	8	50
Totals.....	245	253	120	140	758



PATIO AND RECREATION AREA

HEATING PLANT

The central heating plant consists of two forced circulation High Temperature Water generators, each rated at 20,000,000 BTU per hour at 275 psig and 414° F. outlet conditions and 250° F. inlet temperature. The central HTW heating system serves the heating, domestic hot water generation and process requirements of 19 of the existing buildings in the facility and, with the addition of one additional generator, will serve ultimately 50 of the approximately 70 buildings which are proposed in the master plan for this institution. The system also provides the heat source for the 60-ton and 340-ton absorption type air conditioning machines located at the institution.

Exterior HTW supply and return lines are installed underground in prefabricated metal conduit. The system distribution pumping equipment is sized for the ultimate facility.

Each building served by this system has equipment rooms which contain heat exchange equipment for space heating, domestic hot water heating and process steam, if required, utilizing the HTW source for heat. All heat exchange equipment is of the closed type, resulting in a completely closed HTW circuit.

Auxiliary plant equipment includes pneumatic combustion controls, soot blowing and instrument air compressors, fuel oil pumping and heating equipment, and miscellaneous pumping and heat exchange equipment. Located within the heating plant are also two shell and tube type steam generators, utilizing HTW in the tube bundles, used for laundry steam requirements and for fuel oil heating.

The plant is heavy oil fired, burning #6 Bunker "C" Fuel Oil and has storage capacity of 50,000 gallons of fuel. Our peak load thus far has resulted in the usage of 1,980 gallons of fuel per day. Make up water amounts to approximately 150 gallons per day.

Operating experience to date indicates that this plant, with its distribution system, is simple and efficient to operate and is versatile because of its high heat storage effect.

WATER AND SEWAGE PLANTS

This department began operating August 1, 1959 with one Sanitary Engineer and one operator. Water treatment consists of chlorination and aeration. Monthly reports sent to the Florida State Board of Health have been received favorably. Average daily consumption of water is 90,000 gallons with a total of 29,580,000 gallons used to date.

Sewage treatment consists of a Spirahoff (primary treatment), secondary settling, supernatant-recirculation, sludge recirculation, sludge drying on an open sand filter, chlorination with a 15-minute detention chamber

and an oxydation lagoon providing an effluent favorable for discharging into a nearby stream. Average daily flow is 95,000 gallons. Total sewage flow to date is 34,675,000 gallons.

The following tests and the prescribed treatment are also performed by the department:

Heating Plant—Weekly tests for heating system and boiler make-up water.

Cooling Towers—For absorption type air conditioning towers. Weekly tests are made for corrosion and algae control. Towers are dumped and cleaned weekly.

Air Conditioning Machines—Daily tests are made for pH, total solids and algae.

Steam Generators—Daily tests are made for hardness, alkalinity, phosphate and sulfite.

This department also makes periodical sanitary inspections throughout the institution.

DIETARY

This department is supervised by a Food Service Manager and a Chief Steward. The main functions are the purchasing, receiving, storing, preparation and serving of food. They have instituted a six-week cycle menu which facilitates purchasing and keeps inventories in balance.

All hospital employees pay for meals, except those of this department who are allowed one free meal daily. Patients and employees are served the same menu. All meals are prepared in a central kitchen and served "Cafeteria Style" in four dining halls, with the exception of patients in the Medical-Surgical Building who are served by mobile tray service.

In the past 318 days, this department has prepared and served 300,297 meals, an average of 975 daily.

Presently there are 46 employees with an average of 30 daily.

Seating accommodations provided in separate dining areas are: White Patient 228, White Employees 84, Colored Patients 112, Colored Employees 40.

LAUNDRY

This department is charged with marking, issuing, and processing patients' clothing and linens. The average number of pieces processed per month at the end of the biennium is 40,000.

The building is sized for the ultimate facility with necessary equipment to be added as the patient load increases.

COMMUNICATIONS

This department provides telephone switchboard service 24 hours a day, seven days a week, and also is charged with distributing incoming mail and processing outgoing mail. At this time there are six employees in the group.

TRANSPORTATION AND SECURITY

The security force, three men presently, furnish coverage in patrolling, controlling waste of electricity, fire watch, and protecting State property.

The transportation department, two drivers, transport patients, pick up and deliver supplies, and handle trash.

SUPPLY

The Supply Department prepares most requisitions for purchases which are made by the Purchasing Agent for State Institutions and, under the supervision of the Administrative Branch of the Institution, does a limited amount of local purchasing.

Warehousing of a majority of the everyday supplies used is handled by this department in 6,530 square feet of space.

To date there have been approximately 1,200 purchase requisitions written and 4,500 receiving reports.

GROUND MAINTENANCE

This department has a complement of seven men and, with the addition of two temporary employees, have accomplished all of the landscaping, except the grassing and planting of palm trees which were done under contract. During the winter and spring of 1960, this crew planted 9,632 foundation plants and shrubs and 495 trees. In addition, they have maintained these plants, approximately 200 palm trees and 65 acres of lawns.

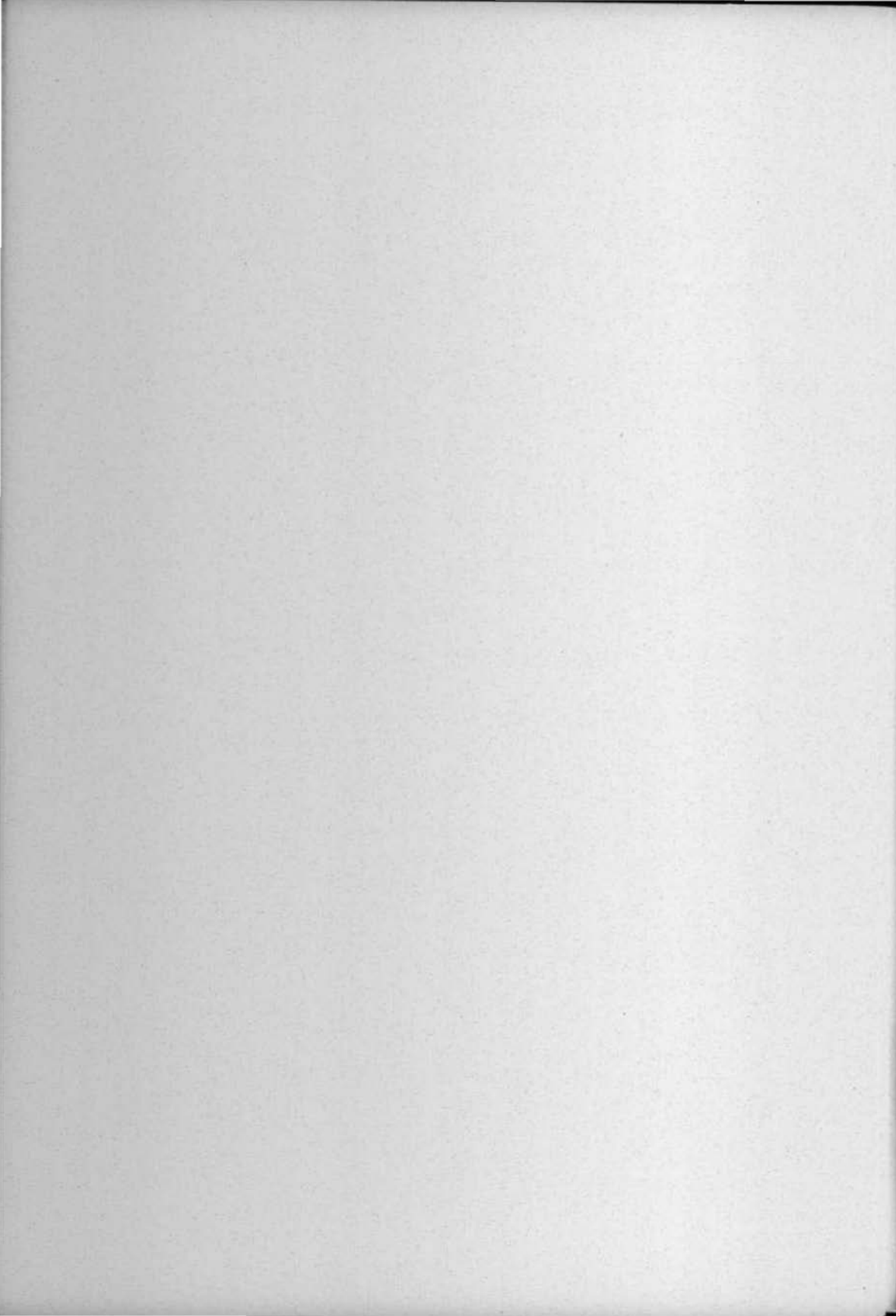
GENERAL MAINTENANCE

Operating under a Trades Supervisor, this department with a total of 11 employees, has maintained 33 buildings and mechanical processes which have been completed. Maintenance services provided include refrigeration and air-conditioning, electrical, carpentry, painting, plumbing, and welding. No shops have been provided in construction to date; this group occupies a small space at one end of our Warehouse. To operate more

efficiently and to meet the increased need, we hope to obtain maintenance shops in the very near future.

Constructing a Storage Shelter, 25' x 100', for automotive and grounds maintenance equipment, two combination recreation and day-yard areas for outside recreation and athletic programs for patients, and improving drainage are some of the major projects accomplished this year.

A systematic inspection and servicing program of preventative maintenance is being conducted.



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